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ORIGINAL ARTICLE.

A CONTRIBUTION TO THE STUDY OF THE ETIOLOGY OF MEMBRANOUS RHINITIS.

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It is only within the past few years that the disease known as membranous rhinitis, or *rhinitis fibrinosa*, has attracted the attention of bacteriologists and its true nature has been demonstrated. The course of the ailment is almost invariably benign, though tending to be chronic, and the constitutional symptoms are so slight that the patient is usually allowed to go for weeks without medical attention; relief is sought finally for the local trouble rather than for any apparent illness.

The disease is comparatively rare, and has not been accorded a place in the text-books for a great length of time. Of the cases on record but few have been studied bacteriologically. In America Park¹ and Abbott² only, as far as I have been able to discover, have reported such cases, and in Europe the number of observers is almost as small. One important and interesting fact has, however, been clearly demonstrated, viz., that in the great majority of cases the Klebs-Loeffler bacillus is present in the membrane in the nose, and undoubtedly also exists in the nasal discharges, as has been proved in one of the cases reported later (Case II); and it has furthermore been shown that the organism often possesses a high degree of virulence. Heretofore it has not usually been thought necessary to isolate patients suffering with membranous rhinitis, and most of the cases of which I have been able to obtain histories were treated at some dispensary and allowed to mingle freely with the other patients in the waiting-room.

I have tried particularly to obtain histories of infection from cases of membranous rhinitis resulting in faecal or laryngeal diphtheria, but without much success. The few instances in which this has been observed, however, warrant the assertion that such patients are always a possible source of contagion, and should be isolated as carefully as are those affected with the more common types of diphtheria. In short, many, probably the majority, of cases of membranous rhinitis are really forms of nasal diphtheria, and should be regarded as such.

It cannot be doubted that a condition is met clinically identical with membranous rhinitis, in which the Klebs-Loeffler bacillus cannot be demonstrated, and which seems to depend on the presence of some other organism. Thus Abel³ has reported one case in which the *micrococcus lanceolatus* was found, and other observers, including myself, have found staphylococci in some instances, among which, in my cases, the *staphylococcus aureus* was largely predominant.

An interesting question naturally presents itself: Why is it that patients carrying about a virulent type of the Klebs-Loeffler bacillus do not oftener transmit diphtheria to those with whom they come in contact? The answer is not easy, and is largely theoretic. In every case observed by Park¹ and by Abbott,² and in all but one of my own, the organism obtained from the nose was possessed of very feeble vitality, even when highly virulent; and though kept under the most favorable conditions on Loeffler's blood-serum, the cultures died in from three to four weeks, with the one exception noted. This culture is still alive at the end of six weeks. In several of the cases observed by me the cultures were renewed every ten days, but in spite of this they ceased to grow inside of a month. It seems most probable that the apparent lack of infecting power is due to this feeble vitality. The literature on the subject is, however, very scant, and it is not unlikely that contagion has taken place much more often than is shown by the records.

The number of cases collected is, of course, too small to form the basis of any positive conclusions, except such as have already been noted. It is interesting to observe, however, that when infection does occur the resulting disease is membranous rhinitis rather than the ordinary form of diphtheria. It is not easy to explain why this should be the case, and more extended observations may prove the contrary to be true. This view is borne out by two cases reported by Seifert,⁴ two by Abbott,² two by Chapin,⁵ and four detailed in this paper. On the other hand, I have been able to find only three instances in which faecal diphtheria has followed infection from membranous rhinitis, one reported by Concetti,⁶ one by Scheineman,⁷ and one by myself. (See Cases XI and XII.) In the last case there is an element of doubt, so that only two positive instances can be given. It will be noted that Case XI apparently communicated the same disease to Case XII. More than a month after the latter child

had been discharged as cured of the nasal trouble she returned to the dispensary suffering from faecal diphtheria; and of the two other children in the same house, who were taken ill later, both had the disease confined to the fauces. As it had been impossible to examine Case XII thoroughly when first sick, it seems not unlikely that the disease persisted in some part of the naso-pharynx, and that finally the fauces became infected. The length of time which elapsed, however, before the second illness, afforded abundant opportunity for a fresh exposure, though no such history could be obtained.

In his last memoir on the subject, Bretonneau pointed out the disease known to the French at that time as "coryza couenneux" as an especially dangerous condition from which many grave diphtheric affections took rise. In all of the cases related by him in support of this opinion the angina followed the nasal symptoms, and they appear to have been instances of a more or less common type of diphtheria, in which the earliest symptoms are referable to the nose. Schlichter⁸ has reported a series of cases of this character occurring in infants. It is a matter of not uncommon observation that a discharge from the nostrils persists for some time after the throat-symptoms have subsided in ordinary cases of diphtheria, and it seems not improbable that the Klebs-Loeffler bacillus may remain alive in the more inaccessible parts of the nose for some time, and give rise to trouble.

The question as to whether or not the organism found in these cases of membranous rhinitis, which resembles the Klebs-Loeffler bacillus so closely in every way except in pathogenic power, is a pseudo-diphtheric bacillus or the genuine Klebs-Loeffler, has been already ably discussed by Abbott,⁹ who some time before had made a study of the relation existing between the pseudo-diphtheria-bacilli and the diphtheria-bacilli. Park¹ and Koplik⁹ have also made a study of the same subject, and the conclusions of the former agree substantially with those of Abbott, while Koplik has reached no definite conclusions.

Briefly stated, Abbott's conclusions are that the Klebs-Loeffler bacillus is found of varying degrees of virulence, and even devoid of virulence entirely, and that all bacilli that possess the morphologic and cultural peculiarities of the diphtheria-bacillus should be considered as such, irrespective of their pathogenic power. The name "pseudo-diphtheric" should be applied only to "that organism or group of organisms (for there are probably several) that are enough like the diphtheria-bacillus to attract attention, but are distinguishable from it by certain morphologic and cultural peculiarities aside from the question of virulence."

During the course of this work the pseudo-diphtheria-bacillus has been constantly borne in mind,

and I am convinced that in every case the organism found was the true Klebs-Loeffler bacillus, which had in some way become modified as to virulence and vitality.

As mentioned, the literature of the disease is not extensive, and the number of cases on record is small, while in a large proportion of these no bacteriologic examination was made. The disease has been regarded as a benign, non-contagious malady until recently, and is so considered in many textbooks. Concetti⁶ was the first, I believe, to call attention to the danger of contagion, and in a paper published in 1892 he urges the importance of disinfection, isolation, and individual prophylaxis.

I have reviewed the literature of the disease as carefully as possible, and give here an abstract of the result.

The earliest report of cases that I have been able to find is by Isambert,¹⁰ who reports two instances under the name "Coryza Couenneux." He calls attention to the extreme rarity of this condition existing by itself and unaccompanied by any other manifestation of diphtheria, and does not question its relation to that disease. He says that he has seen but two cases of the kind, details of which are given at some length, as they differ from all others of which I have been able to obtain histories in their sudden onset and the severity of the constitutional symptoms.

In both cases the source of the contagion was evident, one being in an interne, the other in an externe of l'Hôpital des Enfants, where they see many children with diphtheria daily. In the first patient the attack was ushered in with high fever, intense headache and some soreness of the throat. On the next morning there was an acrid, corrosive, sero-purulent discharge from the nostrils, abundant enough to require many napkins per day. The throat-symptoms grew no worse, and were considered entirely "accessory." On the sixth day M. Roger found some deposit on the tonsils, but regarded this as a "secondary phenomenon," after the enormous false membranes that had come from the nose. These were thick, large, stratified, and represented moulds of the turbinated bones. The membrane disappeared from the tonsils in a few days, and the general symptoms ameliorated rapidly, while the formation of membrane in the nose persisted for ten months, though every known form of treatment was employed, and the patient travelled extensively, hoping that the change of climate would be of benefit.

The second case began in much the same way, but was preceded by several days of "malaise." There was at no time any formation of membrane except in the nose. This was thick and large, with an abundant sero-purulent discharge from the nostrils. The acute symptoms soon disappeared, but convalescence was slow.

It seems doubtful if the first of these two cases can properly be considered as an instance of mem-

branous rhinitis, for some membrane formed on the tonsils later, though the disease was mainly confined to the nose, and persisted there for a very long time. I have quoted it, since Isambert has described it as one of the only two cases ever seen by him of "coryza coeunneux" unaccompanied by other symptoms of diphtheria.

It is of interest to note here that Schlichter,⁸ as already quoted, considers the nose as a frequent channel of invasion for diphtheria in sucklings, but he reports no instances in which the disease began in this manner in grown persons.

Schüler¹¹ reports one case in a boy, five weeks old, before the discovery of the Klebs-Loeffler bacillus. The child died of an intercurrent erysipelas.

Henoch¹² details one case in his *Lehrbuch*.

Major¹³ reports one case in a lady of eighteen years. The membrane was examined under the microscope, but "no micrococci found." Cultures were not made. Treatment lasted for three months.

Seifert⁴ reports three cases, one in an adult, the other two being in children who were sisters. One was affected after the other—apparently an instance of direct infection. Both had follicular tonsillitis. The author considered the disease to be of a diphtheric nature. In a later communication he mentioned a fourth case, following pneumonia.

Moldenhauer¹⁴ reports four cases, one of which is doubtful, as there was a slight deposit on the tonsils, but unaccompanied by any febrile symptoms. At the time that these patients were seen diphtheria was more prevalent than usual in Leipsic. The author did not feel sure about the relation of the trouble to diphtheria, but was inclined to consider it as a distinct disease. The membrane was examined microscopically by Huber, and showed nothing by which it could be distinguished from that of diphtheria.

Hammond¹⁵ reports one instance of the disease in his own person. He had "a violent rhinitis, different in character and of far greater intensity than any that any rhinologist I have consulted has ever witnessed, and of a form not laid down in the books. There was great swelling of the nose and face, the discharge during the first stage of an exceedingly acrid and thin fluid, and the formation subsequently of a membraniform substance not very unlike that present in diphtheria, but very loosely attached to the membrane, and showing no disposition to extend beyond the nasal cavities."

Hortmann¹⁶ has reported six cases in children of from three to nine years of age. He considered the disease as distinct from diphtheria.

Ryerson¹⁷ has reported one case in an adult. No bacteriologic examination is mentioned, and the author did not seem to suspect any diphtheric character.

Bischofswerder¹⁷ reports three cases observed at Baginsky's clinic. He was unable to establish any connection with diphtheria or other infectious disease, and considered the condition as the result of an increase in the symptoms of ordinary coryza depending largely on the severity of the weather.

Potter¹⁸ believes that the formation of membrane occurs in about 2 per cent. of all cases of acute

rhinitis. He discusses the relation of the disease to diphtheria, and considers the questions involved as unsettled. He has seen but one case in which he could form any opinion as to the cause of the membrane. This patient had suffered from scarlet fever when a child, and the upper air-passages still showed the effect, and were very sensitive to changes of temperature.*

Gluck¹⁹ reports having observed a series of cases, but gives neither the details nor the results. He speaks of the affection as being entirely independent of diphtheria, and does not mention any bacteriologic examination in any of his cases.

Raulin²⁰ reports four cases observed by him. The membranes were examined under the microscope, and found to resemble those of diphtheria. They contained many cocci, but no cultures were made. The author did not consider the disease contagious.

Chapin²¹ reviews the literature of the disease and gives the details of two cases seen by him with Dr. Wright. The patients were sisters, aged two and three years, one affected after the other. The symptoms had appeared two weeks before relief was sought. Both children made a good recovery, and at no time did either show any constitutional disturbance worthy of note. In discussing the relation of the disease to diphtheria, and the diagnosis between the two the author says: "As far as the false membrane itself is concerned, both in structure and attachment, it does not appear to differ from diphtheria. This being the case, our diagnosis must rest upon its exclusive situation in the nose, together with the absence of sepsis and general constitutional symptoms. It appears to me, in the present state of our knowledge, that this negative, tentative diagnosis is all we are justified in making." He quotes Voltolini as saying that he had never seen diphtheria confined to the nose.

Newcomb²² reports two cases following measles. No cultures are mentioned, but examination of the membranes showed "a fibrous structure entangling a few epithelial and pus-cells, with here and there scanty rod-shaped and spherical bacteria." The author suggests that all such cases should be studied bacteriologically in order to discover their etiology.

Hunt²³ reports one case, in the wife of a physician. She had been examined by her husband and Dr. Campbell, of Liverpool, who said that "whatever else it might be it was not diphtheria." The disease ran a rather chronic course, without constitutional disturbance. There had been no diphtheria in the neighborhood, nor did a child living in the same house become infected. The membrane was examined microscopically, but not for bacteria.

In commenting on this case Mr. Lennox Browne

* Potter is quoted by Abel²⁴ and Raulin²⁰ as saying that membrane occurs in 20 per cent. of all cases of acute rhinitis, and the latter discredits the accuracy of the statement, contrasting it with the observations of other authors, all of whom agree that the disease is a rare one. I have studied the original paper of Potter, and take this opportunity of calling attention to the error into which Abel and Raulin have fallen. The figures should be 2 per cent. instead of 20 per cent.

said that so far as he was aware it was the only one of the kind ever reported in England.

Leemans²⁴ has reported two cases. In both there was a short febrile state, but almost entire absence of constitutional disturbance. The membranes were so thick and firm that when removed they represented moulds of the turbinated bones and meatus. The author's paper is commented on by a commission of the society before which it was read, as follows: "Dr. L. insists at length, too much so in our opinion, on the diagnostic difference between the disease seen in these two cases and diphtheritic rhinitis. It seems impossible that such a confusion could present itself."

Scheineman¹ reports one case. The membrane was limited to one side of the nostril, which was completely occluded. The patient had a playmate who developed diphtheria. The author says that the disease has usually been considered non-contagious, but this case has led him to modify his views on the subject. The membrane was examined, but the presence of the Klebs-Loeffler bacillus was not proved. The bacteriologic examination also proved negative. In a subsequent communication the author reports a second case in which the Klebs-Loeffler bacillus and streptococci were found. He says that from a prophylactic point of view these cases should be regarded as a benign diphtheria.

Lieven⁶ reports one case, from which he obtained an organism that when introduced into the noses of other children by means of tampons caused a similar condition in them.

Baginsky²⁵ says that he has found the Klebs-Loeffler bacillus in cases of "pseudo-membranous rhinitis," and speaks of them also as "chronic diphtheria." No details are given, nor is the number of cases mentioned. He considers the finding of the Klebs-Loeffler bacillus to be of interest in view of the contagious nature of the disease. Later he mentions one case in which the Klebs-Loeffler bacillus was found and its identity proved by experiments on animals.

Park¹ has examined ten cases of typical membranous rhinitis, all of the usual benign character. In all he found the Klebs-Loeffler bacillus, of varying degrees of virulence. In nine the membrane was confined exclusively to the nose, while in one there was some exudate on the tonsils. Only six of these cases have been published in detail; the other four were reported to Welch²⁶ in a private communication. The virulence of the organism obtained was tested in five of the six cases published. From one case it killed a guinea-pig in four days; from two in five days, while in the remaining two the animals were made sick, but recovered.

Abel³ has reported one case in which he found the diplococcus of pneumonia.

Stamm²⁷ reports three cases observed by himself, all of which ran a benign course, though virulent cultures of the Klebs-Loeffler bacillus were obtained in each instance.

Concetti⁸ says that he has seen a total of five cases. In two of these the diphtheric nature was demonstrated by a bacteriologic examination; in

two contagion followed, in one of which there was a subsequent paralysis; while in the fifth the larynx became involved later. The author points out the danger from such cases, and shows that however mild the symptoms may be, at any moment a grave form of the disease may supervene, or else be conveyed to others with whom the patient comes in contact. He says that they should be examined bacteriologically, and advises measures of disinfection, isolation, and individual prophylaxis.

Von Storck²⁸ reports three cases, in none of which was the Klebs-Loeffler bacillus found. Two of the patients had been similarly affected before. The author says that even if the bacteriologic examination had not proved negative, neither of these cases would have been considered as diphtheria.

Abbott² reports three cases, in all of which the Klebs-Loeffler bacillus was found, in two of them of a virulent type. Two of the patients were sisters, and one was affected after the other, being an instance of direct infection. The organism obtained from the older sister, who was first seen, was fatal to guinea-pigs in less than forty hours, and the animals presented the characteristic lesions; while that from the second child did not cause death, producing only a slight local reaction, with temporary indisposition. The author says: "Except for the absence of pathogenic properties, the bacilli obtained from the latter case seen by me could not, by any of the means usually employed, be differentiated from the genuine virulent *bacillus diphtheriae*." Attention is called to the importance of isolating such cases. The clinical history of the first case is not complete, as the patient disappeared from the clinic; but in neither of the other two were there any constitutional symptoms of note.

The formation of membrane after operations on the nose, or the application of the galvano-cautery, appears to be not very uncommon. Baumgarten²⁹ has reported two cases following operation, one for an adenoid growth, the other for polypus; and Maggiora and Gradinego³⁰ have reported one, which is especially noteworthy as having been probably the first in which a bacteriologic examination was made. The organism found was the staphylococcus aureus.

Bresgen³¹ asserts that he has frequently seen the formation of membrane follow the use of the galvano-cautery, and this may recur for some time afterward on each fresh exposure of the patient to cold. Schmithersen³² reports twelve cases of this nature. I have not thought it proper, however, to consider cases following traumatism as instances of true membranous rhinitis.

(To be concluded.)

Loomis Memorial.—As a memorial of the late Dr. Alfred L. Loomis, a site of 190 acres has been purchased in Liberty, Sullivan County, New York, on a plateau 2200 feet above the sea, and on this will be erected a building to be called the Alfred L. Loomis Memorial. Around the building will be grouped a number of cottages, and the whole will be used as a sanitarium for tuberculous patients.

ORIGINAL ADDRESS.

THE ELEMENTS OF PROFESSIONAL SUCCESS.¹

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AN occasion like this offers a proper opportunity for speaking of the future and of those influences that make up or mar the individual career. The elements of success are the study of all who strive earnestly in life. They may be studied in ignorance or with only a faint impression of their real import; nevertheless they are studied, and the results are applied in the daily battle of life.

The elements of success in a medical career differ in individual cases as vary individual definitions of success. There are those to whom success means only the accumulation of wealth, and who are indifferent to the methods employed. To such men the practice of medicine bears the aspect of a trade or business. Their ambition is not to do good, but to be paid for either doing it, or appearing to do it; they do not strive to shine in order to give light, but rather for the pecuniary profit that will come to them in return. I speak of these people first, not because they deserve the first mention, but because the glittering figure they cut in the world is so often delusive to the beginner. Hence a warning against evil men and methods is not out of place at such a time as this.

John Ruskin, prince of modern moralists, has aptly said that if your work is first with you and your fee second, you are servants of the Lord of Work, who is God; but if your fee is first in your mind and your work is second, you are servants of the Lord of Fee, who is the devil. A servant of the Lord of Fee is an influence for evil in any community. The young physician who falls under the malign and immoral influence of such an one can never attain to true success. The accumulation of pelf may for a time give satisfaction of a certain kind to such poor-principled souls, but they can never have the true satisfaction of doing good for its own sake, of holding honor in esteem simply because it is honor, regardless of whether it is profitable or is not profitable. A homely illustration of such success and the methods that lead to it is seen in the fattening of animals. They push and jostle and tramp through filth and toward filth in their endeavors to reach the trough, which once reached they never leave until it is quite empty. And to what end? Simply to fatten themselves—ignorantly, it is true, but none the less certainly, that they may in time be divided amongst others. And the beast has no conception of the indifferent contempt in which mankind holds him. So souls having low ideals trample through filth, struggle for it, and perhaps attain it, having no conception within themselves of the contempt in which they are held by souls with purer and higher ideals.

You are entering to-night, ladies and gentlemen, upon a life that will be for each and all of you, we trust, a profession, not a trade. The practice of medicine is an arduous, difficult occupation. The path to real success in it is strewn with many obstacles, leads through much that is unpleasant and dangerous, and is very long indeed

to those who attain the desired goal. To the self-seeker, to the mere greedy striver for pelf, to the lazy and indifferent student, to the man or woman of low ideals, this path to true success offers no temptation. Their feet will never tread its rugged surface. But it will be trodden by thousands of those who are earnest disciples of the science, who are eager students of the art, who have high ideals, and who are ready to sacrifice mere material interests to the welfare of humanity or the advancement of true scientific attainments. Those who travel this road are the servants of toil, and of the Lord of honest toil, who is God. True, they do consider their fee, for in order to live one must be remunerated, and it is an old saying that the laborer is worthy of his hire, but with them the fee comes second, the work is first.

You must not understand me to be one of those who undervalue the services the medical man gives to his patients and to the community. Far from it. We render service of value, and ought to receive a proper monetary acknowledgment in return. And we all know that, as a rule, people do not adequately appreciate any service for which they do not pay. But the idea I want to insist upon is this: that you should not allow money-making to become the *keynote* of your lives. If you do, then all the finer, purer, truer strains that should resound through your lives will be drowned out by the metallic clash and the bass-drum of the noisy money-getter. The sweet voice of truth will be silenced by the harsh braying of the charlatan, and yourselves will become mere tradesmen, instead of professional gentlemen. How much of true success is dependent upon the high ideal that one sets before himself! How much of false success is dependent upon low ideals, upon false conceptions of duty, upon mean and paltry estimates of the world's work, and of the individual's relationship to it!

Next in importance to high moral standards comes professional efficiency. In modern medicine, as in all other pursuits, we recognize two kinds of persons who are successful from a professional standpoint. One class possesses talent, the other possesses tact. Happy is that man whom nature has endowed with a reasonable modicum of both. Some one asks, "What is talent?" With all due deference to the lexicographers, I would reply that true talent is the ability to do hard work, to do it thoroughly, and to keep at it continuously. There are other will-o'-the-wisp characteristics that some mistakenly call talent. But the talent that lasts is the capacity for work. Work as an element of professional success is directed toward scientific study and the application of knowledge so gained to the actual problems of health and disease. Some may imagine that the possession of the diploma will put an end to that kind of study, but you, I think, know better than that. There is not a man or a woman among your number to-night who will not work harder, study harder, strive harder, during the coming three years than you have done during the past three years. But there will be some change in the work. It will have the fascination of demonstrable, practical value. You will have an opportunity of gauging the value of the scientific attainments that are yours. It will be a satisfaction, a pleasure, a source of deep gratification, for you to demonstrate as the months go by, and afford you ever-increasing opportunities, that to-day, more than ever before in the history of medical progress,

¹ An address to the graduating class of the Medical Department of the University of Denver.

science and practice travel in parallel paths. There was a time when the great majority scouted the idea of science as applied to medicine, when the so-called "ultra-scientific" practitioner was ignored or disdained by his more ignorant and so-called "more practical" professional brother. That day has passed away forever. The hard, incontrovertible logic of events has placed our science upon the same plane with our art, talent upon the same footing as tact, while brains have been given more than an equal show in their combat with bragadocio and buncombe.

You are to be congratulated upon the attainment of such a condition, but the people as a whole are to be still more highly congratulated. The positive scientific basis upon which our profession labors to-day means much to us—it means infinitely more to suffering humanity. When Edward Jenner discovered the preventive influence of vaccination upon smallpox it was an empiric advance, based upon a principle of which he knew nothing. Magnificent as were the results that came from his discovery, they are as nothing compared with the attainments made possible to modern surgery by the universal recognition of the principles deliberately applied by Lister as a result of accurate scientific research. Robert Koch's discovery of the bacillus of tuberculosis was a scientific contribution to the world's welfare far outreaching in its value even Jenner's magnificent empiric gift, for Koch's discovery gave us scientific principles for further research, for new discoveries, for even more far-reaching revelations. To the present generation of doctors smallpox is almost a curiosity, its occurrence is so rare. Two generations hence pulmonary tuberculosis, diphtheria, typhoid fever, and scarlet fever will be as rarely seen by the average doctor as is smallpox to-day. Measles and whooping-cough will almost never make their appearance upon the mortality-list, and cholera infantum will no longer ravage the infant population of our cities during the summer months. This is no idle prophecy; it is the deliberate prediction of the whole scientific world, based upon the remarkable discoveries of the last ten years, discoveries that have already begun to bear demonstrable fruit in the lowered mortality-rates of every civilized city in the world. In our own community within the last four years the application of modern hygienic science has been instrumental in effecting a reduction of more than 800 per year in the mortality lists; 3200 persons are to-day alive in this city who would have been dead ere this had it not been for the inauguration of sanitary reforms in our municipality. Those who sit upon this stage to-night know, as you perhaps do not, how this remarkable saving of human life was effected through the rigid application of scientific principles by one who was then the revered senior member of the faculty of this college. He sacrificed his own life in the struggle, and was borne hence followed by the loving remembrance of his associates, mourned by this whole city as their well-beloved dead. No monument of marble or of brass has been reared to the memory of Henry K. Steele, but our hearts still hold him dear, and more than three-thousand homes in Denver, whose family circles are unbroken, owe to his memory their unspoken debt of loving gratitude.

Preventive medicine is the science of the past two decades. It is the science of to-day! It is the science

of the future! Never until within the past few years has such a proposition as the extinction of communicable disease been broached. To-day it is recognized as a legitimate subject of discussion. Its possibility is assured, and we only discuss the ways and means to be adopted in order to secure its speedy consummation.

It is proper to ask at such a time the avenues along which such great advances have so recently been made, and along which they must still continue. Let those throngs of restless students who for twenty years have sought the most advanced instruction of the German laboratories give us the answer. The greatest advances have emanated from those laboratories; they have been given to the world by the race that above all other races seems to have the genius and the talent most essential to real success in science, the genius of hard unremitting work, the talent of application. In Germany the science and the art of medicine have gone hand-in-hand, though sometimes science has led with giant footsteps, dragging unwilling art behind through the mire of uncertainty. But to-day they are reaching firm ground.

We need in America, and in Colorado more than in any other portion of America, the men, the methods, and the resources of the German laboratories. In this State should first be solved the problem of the absolute cure of pulmonary tuberculosis. But we need means, we need institutions in which to conduct our researches, we need great laboratories, we need money to pay the men who will carry on the mighty work. We want endowments for well-equipped schools and laboratories that shall equal any in existence either at home or abroad. I can conceive of no more fitting time or place for voicing this need. May the appeal fall upon some willing ears. Baltimore has had her Johns Hopkins and her Elizabeth Garrett; New York has her Carnegie; Brooklyn has her Hoagland. What man or woman in Denver will have the proud honor of naming an institution devoted to modern medical science, to the solution of those hitherto insoluble problems of contagious diseases, and their extinction by the application of the principles that underlie all modern medical progress?

Professional success, as a rule, comes slowly. Merit seldom wins rapid recognition. It will be difficult for you at times to be patient in your waiting for success; the delay will be irksome. And, to cap the climax of your discontent, you may see others whom your own reason tells you are less competent than yourselves, making apparently rapid success and exulting in it with boastful self-assurance. Do not let such incidents discourage you. In very truth unworthy men often go up like rockets; but if you only wait in patience, you will soon see them come down like sticks. Solid growth is slow. Time plays an important part in rounding out attainments and giving certainty to judgment. When you have proved yourself worthy the world will be forced to make acknowledgment of the fact. Many a man has profited by the history of others, and to you it may not be out of place to cite briefly the career of a man who, when he died a few years ago, was admittedly the leader of the medical profession in America and the peer of any surgeon the world had ever known.

When D. Hayes Agnew was thirty years old he had scored a failure in medical practice, had devoted eight years to the iron business, and failed in that, and was returning to medicine without means, without friends,

and with the blight of a decade of seeming failure upon his life. But the flame of genius could not be thus quenched. It burned on, hidden, it is true, but ever increasing in brilliancy. Agnew was fifty years old ere he began to attain to eminence, but from that time until the end of his long and useful life, his fame grew until it filled the world. To him success came slowly but surely, and it was the legitimate fruition of a character built upon principles of the strictest integrity, of a soul animated by love of his profession, of a life characterized by indomitable perseverance and application to work, of a mind capable of constant growth and of maintaining an ever-increasing grasp. When you have moments of discouragement—and who has not?—think of D. Hayes Agnew. You will find his life an inspiration.

I turn to the members of this graduating class with a last question. To what use do you intend to put your professional attainments? Will you be the loyal servants of the community, or will you endeavor to make the community merely your financial support? We all have an interest in your reply. And that reply you will give not to night, but every day of every year that you practise medicine. No words of yours or mine will give that reply, but your everyday professional life will speak the truth, and lie not; your hands will engrave the answer in letters unmistakable upon the public character that you will bear, and the whole world will read it, and will know you better than you can ever know yourselves.

I beg of you, then, to take your stand from the very first day upon the right side. Make no mistake. Let ethical principles govern your life. And the longer you are in medicine, the more certainly you will know that medical ethics—that is, right ethical living—is indeed a living issue with you each and every day; not perhaps a subject for discussion or debate; but an unwritten law for the decision of those fine questions of human rights and privileges that are so profoundly influenced by the physician's advice, so intimately interwoven with the physician's everyday life. Whatever position your conscience bids you take in these matters, take it and stand unwaveringly upon it, remembering in addition but two things which it is our duty to impress upon your minds with indelible clearness, which we would sear upon your memories in fiery letters that you can never forget.

First: The confidences of your patients you must hold inviolate, revealing nothing, discussing nothing. The consulting-room is a confessional more sacred than that of any priest; the sick-bed is an altar from which no tale of gossip, slander, or violated confidence should ever reach the outer world. Of this confessional and of this altar you become to night ministering attendants.

Second: Human life is the sacred gift of the Almighty. You have no right to destroy it. It is your privilege to strive to save; it is your occupation to relieve suffering; it may sometimes be your solemn duty to decide which of two lives you will save. But it never is, and it never can become, your duty or your privilege to destroy human life. And remember, I beg of you, that the existence of life is not dependent merely upon the drawn breath, or the beating heart; individual existence dates from the moment of conception. Beware, then, that you never yield to the solicitations of friendship, to the arguments of convenience, to the temptations of gold, or to the plea of threatened disgrace. Never permit your

hand to aid nor your advice to sanction, however indirectly, the destruction of a human entity. It exists by the will of a power greater than that of man. Beware lest you rashly assume His prerogatives. Remember that human life is sacred.

And now, ladies and gentlemen of the Class of '95, on behalf of this faculty I extend to you our most profound congratulations upon the termination of your apprenticeship in medicine and surgery; we give you our kindest wishes for future success, and we extend to you one and all the right hand of fraternal greeting as fellow-members of a craft than which none is more noble, none is more self-sacrificing, none more worthy of an ideal devotion.

CLINICAL MEMORANDUM.

THE RESULTS OF THREE INTERESTING AUTOPSIES OF CARCINOMA OF THE STOMACH.¹

BY J. W. FELTY, M.D.,
OF ABILENE, KANSAS.

CASE I.—Charles M., aged thirty-eight, a carpenter and a heavy drinker, called upon me in April, 1889, to relieve him of intense nausea, great pain after eating, and more or less persistent vomiting, with a long train of dyspeptic symptoms. Knowing that he had drunk alcohol freely, as whisky or brandy, and that the quantity he drank at one time could be gauged only by the capacity of his stomach, I supposed the case to be one of drunkard's stomach. The man told me that he had frequently poured the alcohol from a shellac-solution, which he had occasion to use in staining hard wood, and drank it. I had good evidence that his stomach had at least a fair chance of being diseased, judging from the amount of abuse to which it had been subjected. He was treated by all known remedies for dyspepsia and gastric catarrh, including lavage, but without avail. In July and August, only a few months after he was first seen, he failed to retain any food in his stomach for more than an hour, and would often vomit it immediately. During the early part of September he began to vomit blood, not of a "coffee-ground" character, but pure blood, mixed with a small amount of mucus. As the phenomenon persisted with the treatment by lavage with hot boric-acid solution, so beneficial in chronic gastric catarrh, I made the diagnosis of gastric ulcer with chronic gastric catarrh. The vomiting was persistent, and always present soon after a meal, and so I decided to feed him by the rectum exclusively. Emaciation became very marked, and anemia most pronounced. After fasting about ten days, the stomach-symptoms remaining the same as before, I returned to stomach-feeding with raw eggs and milk. The cachexia was now apparent. Free hydrochloric acid was absent in all but four out of forty examinations. No tumor could be made out, but a singularly persistent concentrated pain over the pylorus was present. It was about this time that the "never-failing symptom" of the absence of free hydrochloric acid in carcinoma of the stomach was heralded from Kussmaul and Ewald's clinic in Germany, and I was loath to believe that I had a case of carcinoma of the stomach, because free hydrochloric acid was detected upon some

¹ Read before the Golden Belt Medical Society.

of the examinations of vomited meals. Constipation was a prominent symptom throughout the case, and there was a scarcity of urine with no albumin. The temperature was subnormal. The cachexia became more and more prominent. Edema of the ankles and legs was present, and finally general anasarca. The anemia became more and more pronounced, and the pain increased with the loss of strength—in fact, all of the symptoms pointed strongly to carcinoma of the stomach at the pylorus, or to an ulcer of the stomach with an aggravated form of chronic gastric catarrh. Finding free hydrochloric acid, and having a hemorrhage of a character such as we find in ulcer of the stomach, and rather copious in quantity (about four ounces), I decided that the disease was ulcer of the stomach. The man's emaciation was rapid, and he died on the 29th of October, 1889.

When the absence of free hydrochloric acid as a symptom of carcinoma of the stomach was first given to the profession, it was believed to be an almost unfailing symptom. This, however, has been discovered to be an error. Kinnicutt says: "The presence of free hydrochloric acid in the stomach-contents in repeated examinations in doubtful cases is of the greatest importance as a diagnostic symptom, and points very certainly to an absence of carcinoma." This was not the case here, and Rosenheim in recent years has handed down the solution to the question as will be observed from the result of the autopsy. He has shown that "in cases in which carcinoma develops in the base of an old ulcer hydrochloric acid may be present throughout the course."

The autopsy revealed an ulcer as large as a silver dollar on the greater curvature in close proximity to the pylorus, in fact, extending into it with a scirrhus at the pylorus, forming a stricture, the caliber being that of a large goose-quill. The stomach was somewhat dilated and congested. The scirrhus was confined to the pylorus, and did not involve any of the contiguous organs or tissues.

CASE II.—John H., aged sixty-seven, a retired miner, consulted me first in May, 1891, for "biliousness and constipation," as he diagnosed his case. He had many of the ordinary symptoms of dyspepsia, but vomited very seldom, indeed. He manifested an unusual amount of interest in his "large stomach," as he termed it, and said that all his food fermented and bloated his stomach and bowels. He had sought in vain for relief. Upon examination I found a large tympanitic abdomen, prominent four or five inches on each side of the median line, and extending to the bladder. There was no tumor, and no cachexia. He vomited a dry parchment-like membrane, dark in color and tough, a fact that I have never been able to explain satisfactorily to myself. The biliousness and constipation, as the man termed it, developed very rapidly for the worse. No diagnosis was made beyond that of a complicated case of dyspepsia. Death occurred October 10, 1891.

The autopsy revealed a very interesting condition. I found a very large dilated stomach, extending from the diaphragm to the bladder. The stomach-capacity was eight quarts. The pyloric end was misplaced, and was found over the bladder, dragging the intestines down with it. The stomach when opened contained about a half-gallon of fluid, although the patient had not taken

any liquid for twenty-four hours before death. In the fluid were found pieces of the parchment-like membrane. The pylorus was almost entirely occluded by a stricture due to a scirrhus extending from the pylorus and lesser curvature to a point three or four inches from the duodenum. The mucous membrane of the stomach was diseased, the walls were thin, showing the effects of a chronic gastric catarrh and degenerative changes in the coatings of the stomach. The other organs of the body were in a normal condition, except the heart, which showed signs of fatty degeneration. I should add further that this patient was a dyspeptic for many years, and it is impossible to tell when the fatal malady first began to develop. In fact, Ewald in his treatise makes this remarkable statement: "Dyspeptic symptoms are rare prior to the onset of gastric carcinoma."

CASE III.—Mrs. F., aged forty-nine, was seized with a violent chill on July 12, 1894. She was in failing health for five or six months, but was able to attend to her ordinary household duties until a week or ten days prior to my first visit. I saw her during her second chill (having had one three days before). The chill lasted for an hour, and completely exhausted her; her temperature rose to 106.2° and she became slightly delirious. Not having examined her thoroughly, and not knowing anything about the case, I concluded that the disease was malarial fever, and treated her accordingly. On the following day, but a few hours later in the day, she had another chill, which I aborted with a hypodermic injection of morphin, atropin, pilocarpin and strychnin. After a thorough examination I now found a sausage-like tumor over the region of the abdomen, corresponding to the transverse colon. It was hard, unyielding, and painful on pressure. The woman had been "a dyspeptic for years," but suffered little pain from eating, and vomiting was rare except during the last ten days. There had never been any vomiting of blood. She had the characteristic carcinomatous cachexia, rapid emaciation, anorexia, and vomiting during the last five or six days, which with food or drink became aggravated. She could not retain over an ounce of fluid at a time, and rectal alimentation was resorted to, but with very poor success, as it created much pain and disgust. She had several more chills, but I ordered the nurse to abort them by the process already described. My diagnosis was carcinoma of the transverse colon and omentum, with adhesion of these organs to the abdominal wall. The reason for this diagnosis was, first, the resistance; second, the sausage-like tumor; third, the persistently chronic constipation. The temperature after the first chill remained above normal, ranging from 100.5° to 106.2°. The urine became scanty, and albumin and tube-casts were found on different examinations. The woman sank rapidly, and died fifteen days after I first saw her.

The autopsy revealed a most interesting condition, and in looking over the literature of the subject I find it is one of the rarest. The stomach was so contracted by a scirrhus that the total capacity was only three ounces. The omentum, transverse colon, stomach, and pancreas were all agglutinated in an almost inseparable, diseased mass. The gall-bladder, gall-ducks, and lower part of the liver were carcinomatous. The gall-bladder contained nothing but a small amount of mucus. The

other organs of the body were normal. How life could be supported so long with so little disturbance remains a mystery to me. It is fair to presume that this stomach was practically of the same size and in the same condition for months before death. The woman died of asthenia or inanition, and was unconscious for an hour or two before death. I should add that she had a nodular mass in the left mammary gland, and several enlarged glands in the axilla. I am satisfied now that her chills were not malarial chills, but that they were due entirely to toxic agents in the blood, as a result of faulty excretion from the liver and kidney. Dr. William Osler thinks the phenomenon is probably due to diacetic acid.

MEDICAL PROGRESS.

Uretero-cystotomy Seven Weeks after Vaginal Hysterectomy.—At a recent meeting of the Johns Hopkins Medical Society, KELLY (*Bulletin of the Johns Hopkins Hospital*, vol. vi, No. 7, p. 27) reported the case of a woman with extensive carcinoma of the cervix uteri, for the removal of which vaginal hysterectomy had been performed. The disease had extended so far out into the broad ligaments that ligatures were placed at a greater distance from the cervix than usual. The woman recovered rapidly from the operation, but retained as a sequela ureteral fistula in the vault of the vagina near the middle of the cicatrix. From this there was a constant leakage of urine, although the urine accumulated in the bladder from the other kidney was passed in the regular way. With the patient in the knee-breast position and on the introduction of a cystoscope, it was found that the right ureteral orifice was obstructed; the left was free. An operation was undertaken for the relief of the condition and was much embarrassed by the obesity of the patient. The end of the ureter could not be found on the pelvic floor, on account of the rigidity and inflammation surrounding the line of scar-tissue between the rectum and the bladder. The right ovary and tube were also bound down to this scar-tissue by numerous vascular adhesions. The attempt to reach the ureter at this point was therefore abandoned, and it was sought at the pelvic brim, where it was readily found after lifting up the *caput coli* and incising the peritoneum and pushing aside the fat. It was then traced from the point of crossing the common iliac artery down to the pelvic floor, exposing the whole length of the pelvic portion by splitting the peritoneum over its surface. The anterior portion of the ureter was involved in the inflammatory material surrounding the scar, which bled so freely that no attempt was made to dissect it out. Four cubic centimeters of the ureter lying directly posterior to the scar-tissue were dissected out and the ureter lifted up from its bed and divided close to the scar, sacrificing as little as possible of its length. It was now found that the ureter could only be brought in contact with the bladder by traction, and that if it were sutured to the bladder the stitches would not hold. To overcome this difficulty the bladder was, with scissors and fingers, dissected free from its attachments to the horizontal rami of the pubis on both sides, and dropped down into the pelvis, so as to extend it and carry it more into the back part of the pelvis. In this way the ureter and the bladder were

easily approximated without strain. A small incision was then made through the peritoneum of the bladder (which was covered with fat at least a centimeter thick) just large enough to receive the ureter snugly. The under surface of the ureter was then slit up for about four mm., and the caliber of its orifice enlarged, and with a pair of long delicate forceps introduced through the urethra, the bladder, and the incision, the ureteral end was caught up, drawn through the bladder and held until it was attached to the bladder by six fine interrupted silk sutures passed through the muscular tissue of the bladder and peritoneal and muscular coats of the ureter, beginning with the under side. The abdominal incision was closed down to its lower angle, where a narrow gauze drain was inserted for fear of leakage. To avoid raising the bladder and indirectly pulling upon the ureter, the peritoneum underlying the lower end of the incision was not drawn together. No leakage occurred, the drain was removed and the wound healed without suppuration. The urinary difficulties were immediately and completely removed, with perfect restoration of continence. At a subsequent cystoscopic examination the abnormally placed ureteral orifice was found opening into the posterior hemisphere of the bladder, into which it freely discharged its urine.

Cardiac Dyspnea.—As the outcome of clinical and experimental observations, ZERNER (*Zeitschrift für klinische Medicin*, B. 27, H. 5 und 6, p. 529) has found that in voluntary forced respiration there results some loss of respiratory energy in consequence of the increased resistance encountered in the air-passages. In cases of cardiac dyspnea this loss is considerable: that is, the mechanical respiratory quotient, the relation between respiratory activity and the volume of air inspired, is diminished. The characteristic of cardiac dyspnea resides not in increased frequency and deepening of the respiration, but in respiratory insufficiency. This is due to the swelling and rigidity of the lungs, the latter of which acts more especially by interfering with the expansibility of the lungs, so that the amount of air inspired not only is not increased proportionately to the respiratory activity, but under circumstances may be absolutely diminished as compared with the condition present during rest. There is thus a distinction to be made between relative and absolute dyspnea. In cases of cardiac dyspnea, the increased resistance to the passage of air takes part in the reduction of the effects of the respiratory activity. The mechanical respiratory stimuli resulting from deficient oxidation of blood or increased muscular metabolism, and which are present in the blood, cause a deepening and increased frequency of respiration, and may thus affect the results of the respiratory activity by leading to increased resistance in the respiratory passages. The dyspnea resulting from bodily exercise is of cardiac origin, and its degree depends not so much upon the amount of exercise as upon the functional capacity of the cardiac muscle. The perfection of the effects of the respiratory activity may be considered an index of the functional capacity of the heart.

Damage to Vision Caused by Watching an Eclipse of the Sun.—BARRETT (*Ophthalmic Review*, vol. xiv, No. 161,

p. 30) has reported the case of a girl, seventeen years old, who for a quarter of an hour or more watched an eclipse of the sun, protecting her eyes with four pieces of colored glass, two being dark-blue and the others red and yellow respectively. These were placed before the eyes, with both of which the eclipse was watched. For an hour subsequently the girl was unaware of anything wrong with her vision, but then by accident she discovered that there was a mist before the left eye. There was nothing like an after-image, and no pain or discomfort. On coming under observation, two weeks later, there was complaint of a haze before the left eye, and the middle letters of words seemed to be missing. The field, as tested by the perimeter, was normal, except for the presence of a very small central scotoma, which measured at 50 cm. vertically 4 mm. and horizontally 3 mm., and at 5 meters 6 cm. by 5 cm., and had the shape of a nearly circular oval. At 50 cm. for a distance of 2 mm. around the scotoma macropsia was noticeable. The right eye and its field were normal. The pupils acted normally and the media were clear; the fundi were healthy; the yellow spot in the left eye was a little larger than the right and a little darker in color, but hardly of a pathologic appearance. Three months later there was no change. With both eyes open the patient experienced no discomfort, as she was able entirely to ignore the scotoma.

The Respiratory Interchange of Air in the Newborn.—As the result of an extended series of observations DOHRN (*Zeitschrift für Geburtshilfe und Gynäkologie*, Band xxxii, Heft 1, p. 25) has found that the respiratory frequency in the newborn during the first ten days of life averages fifty per minute. It is the same for boys as for girls, and for premature as well as for mature children. No regular daily change was noted during this time. During the act of crying fewer inspirations occur than during undisturbed breathing. The average is forty-seven per minute as against sixty-two. The volume of air expelled with every expiratory movement averages 45 c.cm. The volume of air interchanged is alike in the two sexes, but is considerably below the average in premature children. The depth of the respiratory movements increases from the first to the tenth day, so that the volume of air expelled with every expiratory movement on the last day exceeds that of the first by 12 c.cm. This change results from the increased respiratory necessity, from the more free movement of the thoracic cavity, and from the increased accessibility of the bronchial tubes. The depth of the respiratory movement is exceedingly slight at birth and during the entire first day. It then increases considerably from the first to the second day, and more gradually in the subsequent days. There is, therefore, no reason for believing that perfect expansion of the pulmonary alveoli is effected by the first few inspirations.

Wound of the Femoral Vein Successfully Treated by Lateral Forceps.—COMMANDEUR (*Lyon Médical*, 1895, No. 14, p. 459) has reported the case of a man who suffered an injury in the right groin from the accidental explosion of a shell, a fragment of which was so firmly imbedded in the wound that its removal was attended with considerable difficulty. There was profuse hemorrhage, which was controlled by means of a tampon.

On inspection, after the removal of the foreign body, it was found that the femoral vein had been lacerated and the lips of the opening were at once grasped by forceps. A second pair of forceps was placed upon what appeared to be the superior opening of the internal saphenous vein, which likewise was lacerated. To the lower extremity of the latter a ligature was applied. The wound was carefully cleansed, packed with gauze and the forceps permitted to remain. For a few days the temperature was slightly elevated, but on the seventh day it was normal. The forceps were removed on the fourth day, and there was no complication. No circulatory symptoms manifested themselves, other than when the patient arose there was slight edema for four or five days.

Syringomyelia with Perforating Ulcer.—At a recent meeting of the Clinical Society of London, MORGAN (*Medical Press and Circular*, No. 2916, p. 327) presented a case of syringomyelia in a man, twenty-four years old, who was well until the age of sixteen. At this time, after a chill, a perforating ulcer of the left foot developed, for which the leg was subsequently amputated. Six-and-one-half years later another ulcer formed on the right foot, which was in a position of talipes equinovarus with pes cavus. The muscles of the hands and arms were wasted, and failed to react to even the strongest faradic current, although they did to galvanism. Below the knee all kinds of sensations were lost, but in other parts of the body common sensibility was preserved with loss of the pain-sense and temperature-sense.

Unusual Mode of Transmitting Gonorrhea.—At a recent meeting of the Section of Genito-urinary Surgery of the New York Academy of Medicine, BROWN (*Journal of Cutaneous and Genito-Urinary Diseases*, May, 1895, p. 221) reported the case of a boy, twelve years old, who was infected with gonorrhea by an older boy through unnatural sexual gratification.

THERAPEUTIC NOTE.

The Treatment of Diphtheria with the Antitoxin.—At a recent meeting of the Société Médicale des Hôpitaux, D'ASTROS (*Münchener medicin. Wochenschr.*, 1895, No. 18, p. 434) related that among 322 cases believed to be diphtheria he had found diphtheria-bacilli in 194. In the cases of children that received prophylactic injections the temperature sometimes rose. In the case of menstruating women the uterine discharge was increased or hastened, a cutaneous eruption also often appearing. Pregnancy was not interfered with in the case of a woman in the fourth month. From December 15th to April 1st the antitoxin was employed in the treatment of diphtheria at the hospitals of Marseilles, with a mortality of 16 per cent. for cases of uncomplicated pharyngeal diphtheria, and of 30 per cent. for cases of laryngeal diphtheria; the total mortality was 23 per cent., as compared with 38 per cent., 89 per cent., and 50.05 per cent., respectively, in previous years.

D'ESPINE (*Revue méd. de la Suisse Romande*, 1895, No. 4, p. 177) has reported 60 cases of diphtheria treated in the hospitals of Geneva with the antitoxin, with 6 deaths (10 per cent.). Diphtheria-bacilli were found in all but 4.

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SATURDAY, MAY 18, 1895.

THE BALTIMORE MEETINGS.

WHILE there are certain results of the meetings just held at Baltimore last week that cannot be regarded with satisfaction, these sink into comparative insignificance when we make an account of the noteworthy gains and evidences of progress. One hardly knows which factor to emphasize as the most important, so nearly equal are several. The registration was over one-thousand, and the spirit of the members was also above the average in both moral and scientific earnestness. Surely, also, the beautiful spirit of Southern hospitality was well exemplified by the citizens and the profession of Baltimore.

If we may consider the function of teaching the teachers as fundamentally and in the long run the most influential, we should have to place as first in value the remarkable decision of the Association of American Medical Colleges as regards the proposition to postpone the inauguration of the four-year course until 1904. This was disallowed by the handsome vote of 31 to 5. Immediately after the vote three Louisville schools not heretofore members of the Association asked to be admitted to membership and signed the constitution. The colleges voting for the postponement were several of the

Baltimore institutions mentioned in our issue of April 27th, and, if we mistake not, the Medical College of Virginia. It is thought that the Baltimore schools, at least some of them, will adopt the four-year course at once and retain their membership in the Association. One of the most prominent advocates of the postponement was heard to say, after the decision against him, that he was glad that the Association voted as it did. The highly praiseworthy action of the Association is significant and far-reaching. The fundamental condition of medical progress consists in a more thorough-going and scientific training of medical students, all other reforms being based upon this prerequisite. The lesser colleges can at best gain only temporarily by refusing to lengthen their courses in agreement with their competitors, and if all do so at once all must suffer or gain much alike. This action thus again proves that every cautious, firm advance in the line of medical progress cannot be undone. All honor to the Association!

The officers of the Association chosen for the ensuing year are: DR. OSLER, of Baltimore, President; DR. BODINE, of Louisville, First Vice-President; DR. HOLMES, of Chicago, Secretary.

As a teacher of the teachers, also, the AMERICAN ACADEMY OF MEDICINE has been for twenty years an influence not to be underrated, however much ignored and even despised in certain quarters. Never before has this body taken such a clear and earnest stand for all noble medical reforms, and in a most practical and needed manner. Under the able presidency of DR. HURD the next meeting of the Academy may be expected to develop further its new fields of medical sociology, the general relations of the profession to the public, and especially to the dependent classes.

The most tangible advance made is the action of the Trustees of the American Medical Association in ordering the exclusion of nostrums from the advertising pages of the official organ. This decision, reached, as we are informed, some time prior to the meeting, is "almost too good to be true"—as one said of it, and we most sincerely congratulate the Trustees and the medical profession upon it. Without such a decision all our attempts to rid the advertising (and even the editorial) pages of medical journals, owned or controlled by laymen, of unethical and offensive advertisements, would continue to be unavailing, because we would always be met by the unanswerable logic, "If you can't keep your

own professional organ clean of these obnoxious parasites, what earthly right have you to ask us to do so with our journals? We can hardly be expected to be more professional and ethical than your own selves." The American medical profession has no higher obligation than unity and support of and pride in its official journal. It now becomes our duty to make the reform determined upon a practical reality and to extend it slowly to all journals that claim for themselves the right to be called medical. Speed the day!

And again let the day soon arrive when, as DR. DAVIS powerfully said, the pestiferous fellows who wish everlasting to "amend" the constitution and the Code in the interest of the commercialization of medicine shall be reduced to permanent silence. This apparently immortal and disgusting desire to tinker with the Code should once and for all have an end. By the unanimous enthusiasm of the vote against the professional instrument-makers and their effort to get us to permit them to patent their devices, we should think these gentlemen might for the last time be taught the needed lesson that professional sentiment is forever determined against this cantankerous and purblind selfishness.

With these and other splendid evidences of professional opinion before us it might seem that we should be satisfied. But the poor we have ever with us—the poor politicians, those poor in the sense of modesty and of gentlemanliness. Perhaps at this meeting "the all-night men" were more conspicuous by their increased exceptionality, but they were still sufficiently in evidence. Let us hope, also, that the day may not be far away when scheming for office shall be instantly recognized as the most decisive proof of unfitness for the office desired. One wonders how a man can think an official position is an honor that he has gained by "pipe-laying," personal solicitation of votes, and by all the wiles and arts of a Tammany politician. There are dignity and honor in office only when spontaneously offered by one's fellows, and in our future choice of men to represent us let us lay down the absolute condition that "wire-pulling" and personal candidacy shall debar a man from any consideration whatsoever. We make no specific allusions, because we wish to disregard all personalities; we speak only on general principles and from the point of view of professional dignity.

The selection of Atlanta, Ga., as the place for the next meeting is eminently satisfactory.

THE LOCAL ABSTRACTION OF BLOOD.

THE apparently steady decrease in the employment of local bleeding is a fact that must impress anyone who compares the methods of treatment advocated in older, as compared with more recent, text-books upon medicine and surgery. While in former times much false reasoning in regard to the nature of diseases was prevalent, yet it must be granted that as observers and word-painters of disease our predecessors equalled or outranked the writers of the present day. Aside from those elements that are dependent upon more refined methods of diagnosis, the descriptions of diseased conditions in some of the older text-books on medicine could not possibly be improved upon. Being careful observers, as their accounts of diseases would show, it is highly improbable that the descriptions given as to the immediate results of treatment would err, save only in that they might fall into the error that is by no means unknown even in the present more enlightened period, of attributing to the administration of drugs results the credit for which should have been given to nature.

These worthy observers laid much more stress upon the local treatment of disease than do their descendants, and for various reasons. With regard to the local abstraction of blood, the apparent virtue of the measure was enhanced by the value attached to the general use of venesection in the treatment of general diseases. The good effects that were by them supposed to result from withdrawal of blood from the general current in systemic diseases naturally suggested the propriety of local abstraction in local troubles, although, of course, the comparison was by no means justifiable. Again, in regard to many local conditions, more prolonged observation and improvements in methods of examination have led to a much more thorough knowledge of the actual causation of disease and the mutual interdependence of various pathologic processes, so that under many conditions in which local bleeding was formerly employed, it is now realized that the measure could avail but little. Of late years, also, surgical procedures have become justifiable that would at one time have been considered, and justly so with the surgical technique of former times, absolutely criminal. On that account many local lesions, now operated upon with impunity, being unamenable to medical treatment, had to be combated with the local measures at that time justified. Operative procedures in the case of many local lesions being

formerly impracticable, it was even more imperative than at present to check the local process at its very incipiency.

That the local abstraction of blood in local disease was at times of advantage cannot be doubted. Is it not possible that at present this method of treatment has fallen into undeserved neglect? So much is possible to surgeons of the present day, and so much greater certainty in their work is attainable, that we may be led to neglect lesser measures of relief on account of the feeling of confidence in the surgeon's ability to handle the gravest local conditions with comparative safety to the patient. For example, in inflammation of the abdominal organs it is now felt that, when the local lesions have limited themselves, it is possible for the surgeon in many cases to open the abdomen and remove the diseased tissues. Consequently the question of treatment is often narrowed down to that of the timeliness of operation rather than to the question of endeavoring to avoid the necessity for such interference. Before the abdomen could be opened with any degree of impunity patients certainly did recover after the use of local external treatment, and while the ghost of the modern surgeon might taunt the shade of the physician of the last century with having lost many a case of appendicitis that had been consigned to its grave as a case of "peritonitis," so the ghost of the old-fashioned surgeon might retort to the shade of the modern physician that he at least made some attempt to treat his cases of peritonitis and had saved some from reaching the point for surgical interference, and had relieved many suffering from troubles that even the modern surgeon could not cure.

It is sometimes urged that the abstraction of blood from the skin and the structures lying immediately beneath it cannot influence the deeper-seated organs, owing to the independence of the blood-supply of the parietes and the subjacent viscera. Theoretically it is difficult to understand exactly what occurs as a result of the local bleeding, but practically it cannot fail to impress itself upon one that such independence is more fanciful than real, when some of the happy results of local bleeding are witnessed. The application of a leech to the painful area in pleurisy will oftentimes relieve the pleuritic stitch at once, and yet the overlying skin and the pleura are not directly connected as regards their blood-supply. The relief afforded to the dyspnea and distressing cough in pneumonia, as well as the ap-

parent checking of extension of the process by the application of cups to the surface of the chest, can be explained in no other way than by a supposed modification of the circulatory conditions in the diseased lung, although the pulmonary parenchyma has a circulatory network almost entirely disconnected from that of the skin. That the effect of superficial extraction of blood by leeches extends far below the surface is shown by the deep hemorrhagic infiltration of the subjacent tissues, when, as for example in appendicitis, a resort to operative interference is required after the failure of leeches to subdue the trouble—a source of possible embarrassment to the surgeon, to be remembered in choosing a site for leeching in cases in which operative interference is uncalled for or is impracticable at the time when the local bleeding is practised.

If such results are obtainable by external treatment in diseases of the deeply situated organs, much more benefit is presumably to be derived from the local abstraction of blood when the part to be affected is more closely connected with the surface by blood-supply. The mode of action is here more easy of explanation. One of the early and most important stages of inflammation being the engorgement of the bloodvessels of the part, it is easily to be seen how the direct abstraction of blood will not only relieve pain, but will also tend to lessen the extent of inflammatory damage. It is not unreasonable to suppose that the application of a leech or two to the angle of the jaw for the relief of the pain in quinsy acts in the same way as does the more direct method of puncturing the inflamed structures. The almost immediate relief of the objective signs of inflammation in various diseases of the eye that follows the application of a leech to the temple shows more plainly the good effects of bleeding from a neighboring part. So, also, may prompt relief be afforded by the application of a leech over the position of the spermatic cord in cases of orchitis or epididymitis, or over the mastoid in cases of inflammation of the middle ear. In many of the lesser injuries to bones and joints the application of a few leeches will not only lessen the pain, but may also diminish the time required for recovery and the extent of subsequent damage resulting from inflammation.

The local abstraction of blood is, it is to be feared, too often forgotten as a therapeutic measure at the present time, when so much that is new is being furnished for consideration and so many novel

measures are being brought forward as means of combating disease. It, however, certainly served our fathers well and is to be remembered, not on that account, but because it is a method of treatment that neither interferes with nor is entirely superseded by some of the measures more recently introduced and consequently more constantly before the mind. Tablet-triturations of phenacetin may relieve the pain of a congestive headache or an inflammation of the middle ear, but their use should not exclude the employment of the more rational, although more antiquated, methods by the use of laxatives in the former and the local abstraction of blood by the leech in the latter instance.

EDITORIAL COMMENTS.

The Incompatibility of Regular Physicians and Sectarians.—It is evident that the English medical profession has no greater confidence in the so-called homeopathic practitioner than is accorded him by regular physicians in this country. Learning that at least one of the metropolitan medical societies comprised some so-called homeopaths amongst its members, the *Lancet* was led to address letters to the honorary secretaries of thirty-six medical societies, eighteen London and eighteen of the leading provincial ones, asking for information, first, as to whether any avowedly homeopaths were members, and, secondly, whether any rule or regulation existed with reference to the admission or exclusion of homeopaths. Replies were received from sixteen of the London and fifteen of the provincial societies, and the information was strikingly uniform. With but two exceptions, the first question was answered in the negative, while only one of the London societies and one of the provincial societies have rules against the admission of homeopaths as members. The first has always had the excluding regulation in its By-Laws, and it is now proposed to make this By-Law read as follows: "Subscribing members must be duly registered medical men, but no one shall be a member or eligible for election as such who is practising as a homeopath, or engaged in carrying on, or assisting in carrying on, any form of irregular practice, or who is resorting to any methods for procuring patients or practice which is derogatory to the practice of medicine, surgery, or obstetrics as a profession. And the Council shall have power at any time to remove from the roll of the Society the name of any member who shall be proved to have transgressed or to be transgressing this law."

The *Lancet* goes on to say that it is not on the ground of tenets alone that the homeopaths should be excluded from a properly regulated medical society. "The fact is that the practice of homeopathy in the strict sense is as infinitesimal as its dosage. What the profession generally have to complain of, what they justly resent, and the ground upon which they are right to decline co-operation, is that in practising, as he is bound to do in every department except the limited one of drug-treatment, the homeopath follows the canons of medical

and surgical practice as universally laid down. He calls himself a homeopath and maybe joins the staff of a homeopathic hospital, but for all that is done in that hospital—or, for the matter of that, out of it, too—the cognomen has no real meaning, except in so far as it deludes a public only too ready to be impressed by every fanciful medical theory."

This proposed action is in striking contrast with the disposition manifested by some members of some of our own medical societies, who hope to remove the differences between the regular profession and the sectarians by admitting the latter to membership and removing existing restrictions as to consultations.

A Curious Ruling.—We note the following curious decision on a case of drug-adulteration in England. Diluted acetic acid of the *British Pharmacopeia* was ordered, and the druggist dispensed an article decidedly stronger than the official preparation. The English Food and Drug law does not define standards of purity or strength, but requires that the article sold shall be "composed of ingredients in accordance with the demands of the purchaser," or of the "nature, substance, and quality demanded." The magistrate held in the case that since the purchaser got more of the active ingredient than was called for there was no suggestion of fraud or carelessness, and observed that "it would be well if tradesmen generally would emulate the defendant's conduct and give their customers, if possible, a better article than paid for." It is not to be wondered at that the editor of *Food and Sanitation*, from which journal we take the notes of the case, considers it necessary to animadvert strongly upon such view and to say that it will be hard to imagine a more dangerous or absurd doctrine. Indeed, it is difficult to see how any person could come to such a conclusion when the records of medical practice and toxicology exhibit so many instances of serious and even fatal accidents from overdoses of powerful drugs.

The magistrate's opinion is, doubtless, in part based upon the thought that the stronger drug costs more, either in material or in labor, but this is frequently not true. The preparation of a solution of accurate strength, especially with such a substance as acetic acid, which is very inconvenient to weigh out in the pure form, is always more wasteful of time and material than a rough approximation. The decision is another evidence of the difficulty of bringing law and science into accord on general principles affecting public health.

Decisions in re Expert Testimony.—The New York Court of Appeals, in refusing to concur in an appeal made in the Buchanan case, took occasion recently to animadvert somewhat severely and justly upon the character of some expert testimony submitted. It will be recollected, no doubt, that the trial attracted unusual interest from the manner in which certain eminent experts in toxicology were in part discredited by experts called by the defence and by severe cross-examination by an attorney who had been a medical student. It was not, however, upon this phase of the case that the court passed. After the case had been given to the jury, a juror was taken ill while at dinner and fainted. Physicians who attended the man and had known him for some time testified that the condition was merely one of nervous exhaustion,

and that there was no evidence of epilepsy or paresis. The defence, however, being desirous of proving that the juror's mental condition had for a time been defective, hoping thus to secure a new trial, called experts who had not seen the patient or known him previously, and had learned of the nature of the attack by hearsay only, who testified that the attack was of an epileptic character and that the disturbance must have existed for several hours and rendered his mental action unreliable and useless. The reporter of the decision properly observes that the case shows how unreliable is the testimony of the average expert, especially when he has a pecuniary interest at stake.

The Supreme Court of Arkansas has recently decided that in the absence of express statutory authority an expert who testifies in a criminal case cannot demand compensation in addition to the statutory witness-fees, at least when he is not compelled to make a preliminary examination or to listen to testimony.

People's Baths for Philadelphia.—Philadelphia is to be congratulated on the prospect of shortly having a people's bath, modelled after a similar institution that has for several years been in effective operation in New York City. A number of prominent citizens have organized an association whose object is the erection of bath-houses in different parts of the city, and particularly in localities accessible to the poor, in order to afford the masses facilities for perfect bathing at a nominal cost during the winter as well as during the summer. For several years the city has had a number of free baths, but these are open only during the hot term, and are not attractive to those somewhat raised above the level of the lowest classes. Already the sum of \$25,000 has been subscribed, and a plot has been purchased on which will be erected the first bath-house, at a cost of about \$16,000. It is contemplated to build five others. All are to contain numerous small rooms, provided with the requirements for a luxurious bath. To each building also will be attached a laundry for cleansing clothing at a small cost. Subscriptions to the amount of \$60,000 will be solicited. After the usefulness of the project has been demonstrated it is proposed to ask Councils to appropriate sufficient money for the actual support of the bath-houses, although the association will retain control of their direction. This venture is a step in the right direction, and should receive the most cordial support and encouragement, as it must prove of inestimable service in furthering both the moral and the hygienic welfare of those for whom its benefits are intended.

The Visiting Nurse Society of Philadelphia.—A useful organization, of whose work too little is generally known, is the Visiting Nurse Society of Philadelphia, which employs a corps of trained nurses to care for such patients as absolutely need attention and are compelled to remain at home, but cannot afford to pay for the full time of a trained nurse. To those unable to pay nurses are furnished without charge. Under the instructions of physicians these nurses will bathe patients, make local applications, apply surgical dressings, make observations upon temperature, pulse, respiration, secretions, etc., and keep the necessary records. The Society

keeps, besides, a registry of inexpensive nurses who are not hospital graduates, but have had some experience in nursing. During the year covered by the Ninth Annual Report, just issued, a total of 15,611 visits were made by the nurses of the Society, for but 372 of which some compensation was paid. The Society needs money to pay the nurses and to defray the expenses of keeping the house in which they live, to purchase medicines, apparatus, and articles of food for use in suitable cases, and to provide linen, clothing, bandages, bed-pans, etc. The work of the Society is an important one and should be cordially supported. The treasurer is MRS. A. P. BRUBAKER, 105 North Thirty-fourth Street.

A Suggestion as to the Nomenclature of Pregnancies.—Occasionally one sees in medical writing the terms: ii-para, iii-para, iv-para, v-para, etc., used to designate a multipara in her second, third, fourth, or fifth pregnancy. If one looks in the dictionaries for this unconscionable barbarism, he has, of course, his labor for his pains. Lexicographers are great sinners, but there is a limit even to their natural and acquired depravity. If one is reading aloud to a friend and runs afoul of this indescribable somewhat, the pronunciation of it becomes a combination of silence, smile, and disgust, in equal parts. If in a lecture one wishes to speak of the fact it must be done by means of a descriptive circumlocution. It seems strange that the remarkable fecundity of the medical philologists has not been equal to the emergency of devising names for these simple facts, instead of designating them by an unpronounceable monstrosity. It is with proper fear and trembling that we suggest coinages made upon the same plan as similar words accepted and in general use. Possibly this has already been done. We now have the words *nullipara*, *primipara* and *multipara*. Why should we not also have *Duipara* (or *deutipara*), *Tripara*, *Quadripara*, *Quintipara*, *Sextipara*, *Septipara*, *Octipara*, *Nonipara*, *Decipara*?

Glucose as Food.—In a comprehensive article read before the New York Section of the American Chemical Society (*New York Medical Journal*, April 20, 1895), Dr. E. H. Bartley justly criticises the long-accepted opinion that commercial glucose is suitable as a food. This opinion was promulgated some years ago by a committee of American chemists appointed partly under Government auspices, and has been made the basis for justification of much substitution and adulteration. In the same way the opinions of some eminent chemists in favor of oleomargarin have been extensively quoted in defence of that article. Dr. Bartley points out that mere chemic knowledge or even experiments on the lower animals or healthy subjects for a brief period are not sufficient to establish the harmlessness of a substitute food. Glucose made from starch by the action of acid is not the same as the product of digestion by animal ferments, and it is not likely that it will be a satisfactory substitute for the forms of sugar that arise in the process of normal digestion.

The American Medical Editors' Association.—At its meeting in Baltimore, elected Dr. George M. Gould President; Dr. A. H. Ohlmann-Dumesnil, Vice-President; and Dr. H. Bert Ellis, Secretary.

SOCIETY PROCEEDINGS.

AMERICAN MEDICAL ASSOCIATION.

Forty-sixth Annual Meeting, Held at Baltimore, Md., May 7, 8, 9, and 10, 1895.

(Special Report for THE MEDICAL NEWS.)

GENERAL SESSION.

THIRD DAY—MAY 9TH.

(Continued from page 536.)

DR. C. A. WHEATON, of Minnesota, delivered the

ADDRESS ON SURGERY.

A retrospective examination of surgical literature since the advent of anesthesia, Dr. Wheaton said, does much to make the thinking student wonder whether the longevity of the human family has been conserved or its physical welfare materially enhanced by modern surgery. He asked: Has not our feeling of safety, engendered by our acknowledged perfection in surgical detail, opened a wide field of surgical speculation and experiment that serves rather to enrich the surgeon than to minimize disease and prolong life? In the opinion of Dr. Wheaton the segregation of our professional work is in a large degree responsible for much of the opprobrium that attaches to the over-zealous pursuit of a given theory or special method of performing an operation whose only excuse for being done is the desire to elaborate a hobby. He eulogized, however, the achievements of a score of brilliant men whose work had been instrumental in placing surgery in its present advanced position. In preparing himself to become a surgeon a person should obtain a thorough knowledge of all the collateral arts and sciences that bear intimate relations to his lifework. Dr. Wheaton expressed it as his belief that the specialist of the future, no matter what avenue he may elect to follow, should be a regular graduate in all the branches of medicine, and should serve a sufficiently long period in the field of general medicine to raise him above the level of mediocrity before he assumes to pose on the witness-stand as an oracle in nervous diseases or at the bedside to advise for or against an abdominal section.

Deep regret was expressed at the decline of the family physician. How true the time-honored quotation from the early Sanscrit, "a surgeon not a physician is as a bird with one wing," if the surgical growth be not symmetric.

The cerebro-spinal axis has attained a prominent position in the forefront of latter-day surgery, as a result of the painstaking, untiring labor of such men as Ferrier, Horsley, Thorburn, and others, abroad, and a goodly array of fellow-workers on this side of the Atlantic. The physiology of the brain and cord is beginning to be understood, and fitting surgical remedies are at hand to combat successfully these diseases. Craniectomy for microcephalus is of doubtful value, and its legitimacy may be fairly questioned.

Laminectomy for the paralysis of Pott's disease is an operation in much less favor than formerly; although it undoubtedly has a place in surgery when applied to paralysis as the result of trauma resulting from fracture, hemorrhage, or inflammatory pressure; but otherwise, the limitations of its usefulness are very circumscribed. An infinity of surgical procedure has been suggested

and practised for epilepsy, but, except as applied to the disease when of traumatic origin, all are of doubtful utility. One exception, possibly, may be taken to this statement, namely, in occasional cases of well-marked focal or Jacksonian epilepsy. Excision of the Gasserian ganglion for trigeminal neuralgia is a comparatively recent acquisition to our list of operations. Its environments are such as to make the removal of this ganglion of the greatest surgical difficulty, and will be rarely undertaken except under the most trying conditions.

In the departments of ophthalmology and otology the alarming frequency of graduated tenotomy and indiscriminate angling for the ossicles is gradually being displaced by a more rational treatment. Reference was also made to the excessive activity in naso-pharyngeal surgery.

There has been little change in the surgery of the tongue, jaws, and face in the past decade, except in the improvement in our plastic work about the face, aided by the Thiersch method of skin-grafting. Esophageal surgery has materially increased its boundaries since gastrostomy has become an operation of comparative safety. Drainage of pulmonary cavities and operative invasion of the mediastinal spaces are, fortunately, rarely a necessity. Favorable reference was made to Professor Halsted's recently devised operation for malignant disease of the breast.

A preference was expressed for gastro-intestinal anastomosis rather than the various methods of pylorectomy, as being vastly more humane, while contributing equally to the patient's comfortable longevity. The gall-bladder has attracted much attention in the past few years. When an anastomosis between the gall-bladder and duodenum becomes necessary a most useful adjunct is the ingenious device of Murphy, which has also been found of great value in operations of emergency in which lateral approximation of the intestinal canal becomes a necessity. Its relative value in end-to-end anastomosis is still a mooted question.

To the surgeon, who is brought in frequent contact with appendicitis at the operating-table, and who has so often seen its frightful ravages, "under cloak of modest mien," this subject is one of never-ending interest, and its presence of anxiety. The turning tide in favor of honest conservatism in the surgical management of disease within the female pelvis was hailed with gratification. Vesical, ureteral, and renal surgery has received a recent impetus at the hands of Dr. Howard A. Kelly.

Reference was made to the operation of castration for senile enlargement of the prostate gland recently proposed by Professor White, of Philadelphia. In the words of Dr. Wheaton "when his comprehensive review of the subject is digested, and we see his deductions and results corroborated by many of the most distinguished teachers in all parts of the world, we are constrained to give the subject serious thought. It is difficult to understand why the removal of functionally inert testes should cause atrophy of the prostate, but that such a result does follow is established by incontrovertible proof." He expressed a sentimental prejudice, however, against the operation.

Although the literature of the radical cure of hernia is filled with remarkable records, the operation is still not to be recommended when a properly fitting truss will satisfactorily retain the hernia.

The progress of orthopedic surgery was briefly discussed, and the opinion expressed that the present tendency is again toward natural conservatism.

A resolution to increase the annual dues one dollar, which amount would be applied to a building fund, and when sufficient has been accumulated, to erect and maintain a suitable building in Washington, D. C., for the purpose of holding the meetings, and for such other uses of the Association as might be determined upon, was indefinitely postponed.

A motion was carried to lay upon the table the motion made at a previous meeting in reference to amending the Constitution.

A resolution offered by Dr. Keller, that the Nominating Committee should hereafter make their report on Thursday morning, immediately following the reading and adoption of the minutes, was referred to the Business Committee.

The resignation of Dr. Stoner as Chairman of the Committee of Arrangements was received and accepted.

A motion was carried instructing the Committee to fill the vacancy and to elect from their number a chairman.

DR. BEVERLY COLE, the newly elected President of the Association, was escorted to the platform and introduced. In a brief address he thanked the Association for the honor which they had conferred upon him in calling him to that position.

GENERAL SESSION.

FOURTH DAY—MAY 10TH.

At the meeting of the general session, called to order at 10:30 A.M., the reading of the minutes of the previous morning session was dispensed with. On motion of Dr. Clark, they were approved without reading. The

ADDRESS ON STATE MEDICINE

was delivered by H. D. HOLTON, of Vermont.

He said that State medicine is of comparatively recent origin. Following in the steps of Rush, earnest men, filled with philanthropic desire to improve the status of their fellows, have worked together to diffuse the knowledge they have gained by careful research among the people, until our whole nation is permeated with the leaven of preventive medicine. Now, every State in the Union, except three, has its health-department, established by legislative act, which is doing its own peculiar work, diffusing to a greater or less extent in the respective States a knowledge of personal hygiene, and exercising the powers delegated to it to prevent the spread of epidemic and contagious diseases. These State boards are to be commended for the great and good work they have done, and for their enthusiasm, patience, and perseverance in the delicate duties that have devolved upon them. They should be composed of experts, trained by education and experience in the best and latest sanitary knowledge and the methods of applied hygiene. More money is expended annually in the various States for the support of the militia than for the support of their health-departments. As a result, the State boards have been cramped in their efforts, and hence arises the desirability of a necessity for a National Board of Health, presided over by a Secretary of Public Health. The bill now before Congress should be

amended by providing for an advisory board of one member from each State and from the medical corps of the army, navy, and marine-hospital services. Such an arrangement would render the scheme more practical and more popular. This Advisory Board would only meet at the call of the Secretary of Public Health. The press of the country should be educated up to this point. It is certain that the safety and welfare of the people of this country and the interests of commerce demand the establishment of a uniform system of quarantine under the control of the Federal Government; but while the necessity of national government should be urged with all zeal, the work of local boards in our large ports of entry and the able and thorough efforts in this direction of the marine-hospital service should be held in grateful remembrance. The more general adoption of bovine lymph in place of arm-to-arm inoculation was recommended. The National Health Bureau, when established, should produce a pure vaccine-lymph under the most careful aseptic conditions and forward it to State boards free of cost. Valuable curative and preventive serums are being produced by scientists, and it should become the duty of the National Bureau to assume control of such proceedings and provide reliable and aseptic anti-toxins. Governmental investigations of the transmissibility of tuberculosis through the milk of infected cows is a matter of serious import. The question of proprietary medicines is an evil that, in spite of the continuous maledictions that have been hurled against it by all scientific medicine, has continued to thrive, until at the present time it is entrenched behind millions of money, and is held in high esteem by the people because of its ability to hide its worthless character or possible dangerous combination behind a trademark. If the manufacturers of these nostrums were obliged to deposit with the Public Health Department, under certain restrictions, the formulae from which their preparations are made, a great step will have been taken to eradicate this stupendous swindle.

A vote of thanks was extended to the reader of the paper.

DR. J. B. HAMILTON offered the following:

Resolved, That hereafter the permanent Secretary and Treasurer of the American Medical Association proceed to the place of meeting one day in advance in order to facilitate the work of registration and other preliminary matters.

Carried.

DR. WILLIAM OSLER handed the Secretary the following:

Whereas, The continuance of the publication of the *Index Medicus* is jeopardized by lack of funds, be it *Resolved* That hereafter the members of this Association contribute to the continuation of the publication until such time as more permanent arrangements can be made.

Carried.

The report of the Benevolent Association was read and accepted, and the Committee was continued, with the request that it report at the next meeting of the Association some feasible plan for the founding of a home for destitute physicians and their widows.

The officers chosen for the ensuing year are:

President—R. Beverly Cole, of San Francisco.

Vice-Presidents—1st, J. J. Chisolm, of Baltimore, Md.;

2d, J. C. Le Grand, of Anniston, Ala.; 3d, A. P. Clarke, of Cambridge, Mass.; 4th, T. P. Satterwhite, of Louisville, Ky.

Treasurer—Henry P. Newman, of Chicago.

Secretary—W. B. Atkinson, of Philadelphia.

Librarian—George E. Wire, of Chicago.

New Members of the Board of Trustees—Alonzo Garcelon, of Lewistown, Me. (re-elected); I. N. Love, of St. Louis, Mo. (in place of P. H. Millard); James E. Reeves, of Chattanooga, Tenn. (in place of J. W. Graham).

Judicial Council—William M. Welch, of Philadelphia (in place of John B. Roberts); D. W. Smouse, of Des Moines, Iowa (in place of J. M. Emmert).

To Deliver the Annual Addresses—N. Senn, of Chicago, on Surgery; William Osler, of Baltimore, on Medicine; George H. Rohé, of Baltimore, on State Medicine.

Chairman of Committee of Arrangements—W. F. Westmoreland, of Atlanta, Ga.

Place of next meeting, Atlanta, Ga.

Date of meeting, the first Tuesday in May.

SECTION ON PRACTICE OF MEDICINE.

THIRD DAY—MAY 9TH.

DR. J. M. ANDERS, of Philadelphia, read a paper entitled

A STATISTICAL STUDY OF THE COMPLICATIONS OF MALARIA.

He analyzed 1780 cases with reference to their complications, which were noted in 189 instances, or 10.7 per cent. The cases were classified into: intermittent fever, 1434; remittent, 74; malarial cachexia, 27; chronic malaria and irregular types, 22; unclassified, 222. All instances in which an element of doubt existed were eliminated. The complications of malaria, while as frequent as those of some of the other acute infective diseases, are somewhat peculiar in character and on the whole not grave in nature, as was illustrated by a list of the complications of most frequent occurrence, prominent among which were heart-disease, enteritis, neuralgia, albuminuria, pleurisy, rheumatism, pulmonary tuberculosis, typhoid fever, etc. Dr. Anders agreed with the opinion that malaria promotes the development of pulmonary tuberculosis. Pleurisy is more frequently due to secondary infection, and is to be regarded as a genuine complication. Rheumatism is a not uncommon concomitant of malarial toxemia. Among the 1780 cases of malaria analyzed there were only five of lobar pneumonia and one of catarrhal pneumonia.

There is a class of cases in which both malaria and typhoid fever are met with in the same individual simultaneously. The relationship, however, cannot be close, nor is the compound affection due to a third extraneous "compound agent," but to the effects of two pathogenic organisms in one body at the same time.

A careful blood-examination in cases of suspected typho-malarial fever would show many to be instances of pure typhoid fever, chills and sweats and intermittent temperature-curve being sometimes observed in typhoid. When the temperature-curve is of the intermittent type from the commencement, the course of the affection is usually favorable.

DR. ROCHESTER emphasized the fact that true lobar pneumonia is exceedingly rare in association with malarial fevers, and that there are cases of typhoid fever in which the temperature does remit.

DR. HOLLISTER stated that in malaria, as in other diseases, the manifestations are sometimes far more serious during the winter than during the other seasons.

DR. ANDERS stated that pleurisy and rheumatism are, comparatively speaking, frequent complications of malaria, although no reference to this is made in text-books or literature upon this head.

DR. J. H. HOLLISTER read for DR. ROBERT H. BABBOTT, of Chicago, a paper entitled

THE CONDITION OF THE TWO VENTRICLES WITH REFERENCE TO THE ADMINISTRATION OF DIGITALIS.

Two cases were reported, in the first of which there was great dilatation of all the cardiac chambers, particularly of the right ventricle. The administration of digitalis was followed by two alarming sinking spells, requiring the free use of stimulants. Strychnin nitrate, nitroglycerin, 1 per cent.; whisky, and a hydragogue cathartic were followed by steady improvement. In the second case there was moderate dilatation of the left ventricle, accompanied by cough, dyspnea, and rapid, feeble pulse. Digitalis relieved all the distressing symptoms. It was contended that these cases furnished clinical evidence that digitalis may fail to affect favorably the right ventricle in cases in which a tonic is most urgently demanded, and that the indications for the administration of this drug and its congeners depend upon the relative condition of the two ventricles.

DR. W. T. ENGLISH, of Pittsburgh, Pa., read a paper entitled

CARDIAC INSTABILITY DUE TO ACID AUTO-INTOXICATION.

He stated that he had encountered in his experience repeated and tangible evidences of abnormal heart-phenomena resulting from acidulous conditions, as evidenced by lowered alkalescence of the blood. It is very generally admitted that a large excretion of acids is contemporaneous with an irritable condition of the heart and circulatory apparatus. The period at which the most lamentable accidents in heart-lesions occur corresponds to the hours when the acid tide is highest: during the quiet of the night. The conclusion was reached that acids should not be employed freely or promiscuously in food or drink, as in most cases they act as irritants to the circulatory apparatus, this fact being especially noted in cases of heart-weakness or circulatory lesions. The principal demand upon the physician is for oversight of the ingesta. In numerous cases the employment of alkalies and antiseptics will be required to overcome acidity and fermentation.

DR. ASA F. PATTEE, of Boston, read a paper upon the

THERAPEUTICS OF THE SENILE HEART.

He pointed out the fatality of excessive eating and drinking in cardiac troubles. He advised wearing during the summer light-weight silk underclothing, with a light-weight cotton and wool shirt over this; in winter the clothing should be of medium weight. Only warm baths should be used. Aspiration from the scrotum

(and in women from the labia) was advised when there is considerable ascites.

DR. ROCHESTER stated that if the left ventricle was found to be acting strongly, in comparison with the right, this would seem an absolute contra-indication to the use of digitalis. He granted that there is no question that there are numerous acids produced in the body creating cardiac instability, but thought it was pushing the matter too far to say that this was the cause of sudden death from cardiac instability, as there are so many factors that enter into the production of a weak heart, toxemias of various kinds, etc. He emphasized the necessity for careful investigation of the excretions.

He believed that the trend of medical thought is to simplify treatment and find the actual physiologic action of drugs before giving them. He considered that stimulants were not contra-indicated in the senile heart, and thought it of importance that the heart should be considered in relation to the rest of the body, particularly the capillary circulation; if the vessels in the capillary circulation are found hard and thick, as is usual in advanced years, this should be relieved by baths and friction. The main thing in old people is to watch carefully the capillary system.

DR. H. B. SEARS, of Wisconsin, expressed the opinion that digitalis should not be given when there exists edema or ascites, until this is relieved by aspiration. He believed that favorable results could be obtained in edematous cases by purgatives, followed by heart-tonics, as by tapping the scrotum or labia and then giving tonics.

DR. CHAPMAN, of Louisville, Ky., reported that he had made careful examinations in twenty-five or thirty cases of rheumatism, and found that lactic acid was always present. He inferred that, as in nearly all cases of rheumatism there is valvular disease of the heart or endocarditis, if lactic acid is the cause of the rheumatism, then it is also the agent in rheumatism that causes the heart-lesions.

DR. STOCKTON opposed the theory that cardiac disease is caused by acid in the blood, and criticised the statement that lactic acid is commonly found or that it has anything to do with the matter whatever.

DR. WEBSTER, of Chicago, called attention to the distinction between vegetable and mineral acids, stating that the giving of vegetable acids increases the alkalinity of the blood. He approved and emphasized the statement that the presence of acids in the circulatory system increases the blood-pressure, thus adding to the work of the heart and causing either hypertrophy, or, if sudden, fatigue. He did not believe that death is ever caused by auto-intoxication under otherwise healthy conditions.

DR. ALBERT E. HERNE, of Indianapolis, Ind., read a paper on

TOXICITY IN THE PRODUCTION OF NERVOUS DISEASES,

which he illustrated by a number of specimens under the microscope. He stated that the degenerations of both the central and peripheral nervous organs are in a great measure due to the effects of certain discovered and undiscovered toxins. This result may take place after an extended period of time or immediately. Dr. Herne made the following propositions: 1. We find as sequelæ of affections of known microbic origin inflam-

mations and, secondarily, degenerations in both the central and peripheral elements. 2. After and during the course of such illnesses as may justly be supposed to be due to bacterial invasion we find characteristic symptoms from the side of the nervous system, denoting organic disease of its tissue. 3. By analogy we may infer that both of the classes of disorders named are due to the effects of the microbes themselves or of the poisons produced by them. 4. This analogy is given as follows:

(a) The inflammations and degenerations found in the nervous tissues as the result of toxins of non-microbic character, and (b) those notably due to the presence in the nerve-elements of micro-organisms or their products.

We know that certain parts of the body show a decided affinity for certain pabulum. How it is that different parts of the nervous system possess marked affinity for certain toxic agents it would be difficult to determine. That such an affinity exists cannot be denied. How else can we explain rationally the predilection with which lead attacks the radial group, or the diphtheritic toxins certain nerve-territories. Functional overwork undoubtedly plays no inconsiderable rôle in this selective and elective play, but some peculiar chemic affinity seems clearly to be present in many affections that follow given types. The proper knowledge of nerve-chemistry is necessary to reconcile our bedside and consultation experiences with pathologic processes and theories of disease.

DR. PRESTON, of Baltimore, laid emphasis upon the defective nutrition of the lower part of the cord, owing to changes in the intercostal arteries, and stated that in early tabes he had found nitro-glycerin of use, possibly by a slight increase of nutrition to the spinal cord, this perhaps also explaining the value of certain local applications.

DR. PATRICK, of Chicago, stated that there could be little difference of opinion in regard to the influence of the various toxic agents on the nervous system; but, on the other hand, to attribute almost all diseases of the nervous system to an affection that begins in the blood-vessels would be going too far.

DR. GEORGE J. PRESTON, of Baltimore, read a paper on

THE EFFECT OF INHALATION OF OXYGEN UPON THE HEMOGLOBIN,

in which he gave the results of a number of experiments upon rabbits, a rat, and a dog. In all of these in which the necessary conditions of the experiment had been fulfilled, the respirations were markedly diminished, in several instances fully one-half, and the hemoglobin was increased in one case as much as 28 per cent., and, as a minimum, 3 per cent. In four men, also, who inhaled oxygen for from five to seven minutes, the hemoglobin was increased on an average about 10 per cent. The conclusion was reached that the inhalation of pure oxygen raises decidedly the percentage of hemoglobin in the blood, probably not by increasing the oxygen in the plasma, but by the fact that all the hemoglobin is satisfied, or, in other words, fewer of the red-corpuscules pass through the pulmonary capillaries without obtaining their complement of oxygen. An examination of the blood of a patient after the use of an anesthetic

showed a decrease of hemoglobin from 80 to 68 per cent. Dr. Preston concluded from his observations that a certain proportion of the red-corpuses were not completely satisfied with oxygen during ordinary respiration.

While the therapeutic field of oxygen has been invaded by empiricists, still this method should have a full and scientific trial in pneumonia, acute bronchitis, pulmonary emphysema, pulmonary tuberculosis, etc. It might also be attended with good results in certain forms of anemia. Its most brilliant future probably lies in its use by rectal injections.

DR. ALBERT E. ROUSSEL read a paper on

LEAD-ENCEPHALOPATHY, WITH THE REPORT OF A CASE.

An artist contracted lead-encephalopathy from the habit of passing his brushes, after more or less complete cleansing, through his lips. From a rather large experience in cases of lead-poisoning, Dr. Roussel stated that in a fair proportion of cases many of the symptoms attributed to the direct action of the lead, such as anesthesia and hyperesthesia of local distribution, etc., may be more successfully treated by bromids than by iodids. Recently strong evidence has been adduced to prove that many of the so-called cases of saturnine apoplexy are distinctly hysterical in nature. These facts may explain the relative frequency of cases of lead-poisoning found in recent literature and the lowering of the mortality-records. The treatment should be symptomatic. Sleep should be secured. For the colic and constipation more satisfactory results were obtained from the use of olive-oil in large doses than from magnesia and other drugs.

DR. JOHN ELIOT WOODBRIDGE, of Youngstown, O., read a paper entitled

REPORTS OF TYPHOID—CONTINUED.

He presented a number of letters from physicians who had made use of his treatment with the most favorable results, and also stated that since the publication of his paper in the *Journal of the American Medical Association* he had continued the use of the method with the utmost satisfaction.

Dr. Woodbridge's first prescription consists of calomel, podophyllin, guaiacol carbonate, eucalyptol and menthol. This is given for twenty-four hours. Then the amount of guaiacol carbonate is increased to one-fourth of a grain, and the administration is pushed heroically, notwithstanding excessive diarrhea.

Fever-patients are placed on this treatment, even before typhoid is fully recognized, but in readily diagnosed cases of typhoid the method has also proved efficacious in aborting the attack, and the temperature is almost normal in ten or twelve days, the distressing symptoms having disappeared.

DR. SYKES, of Ohio, reported three cases of typhoid fever that had responded favorably to treatment similar to that outlined by Dr. Woodbridge, and thought that at the very least Dr. Woodbridge was to be praised for never having lost a case of fever, it being fair to assume that there was the usual proportion of typhoid cases among them.

DR. RODGERS, of Luzerne, Pa., asked whether baths of any sort were used.

DR. WILLIAM E. QUINE, of Chicago, said that he could

not speak *pro* or *con*, owing to lack of necessary experience with the treatment. He said, however, that when such broad claims are advanced it is a primary necessity to establish the diagnosis beyond the possibility of doubt; and that it is the duty of the profession to give the treatment a full trial.

DR. WOODBRIDGE, in closing, commented upon the need of the physician being called early enough in these cases, and added that he did not use baths with his treatment, except so far as to insure the cleanliness of the patients. Further, he gave no stimulants.

DR. GEORGE W. WEBSTER, of Chicago, read a paper on

THE DIFFERENTIAL DIAGNOSIS OF CHOLELITHIASIS.

He divided the cases into two classes: those in which there is a stone in the cystic duct or in the gall-bladder, and those in which there is a stone in the common duct. He stated that 10 per cent. of all adult males, 25 per cent. of all adult females, and 36 per cent. of the insane have gall-stones. He strongly advised surgical measures, as operation on the gall-tract is brilliantly successful, and as the solution of the stones is an illusion and removal by medicines is seldom successful. He dwelt upon the necessity for an early, correct diagnosis, and differentiated this disease from lead-colic, malaria, renal colic, peritonitis, and gastralgia.

DR. MUSSER, of Philadelphia, expressed the view that age could not be relied upon as definitely as an element in diagnosis as the text-books would lead us to infer. He stated that gall-stones may form and give rise to symptoms as early as the fifteenth year. He was sure that there are cases of temporary obstruction without the occurrence of much pain. He was inclined to think that a large number of cases designated gastralgia are instances of gall-stones. He touched upon the diagnostic indications for operative measures in cholelithiasis, and stated that he was guided very much by the results of examination of the blood; that the bile destroys the red blood-corpuses, and after the destruction reduces the number below 3,000,000, it is surprising, even shocking, to notice how rapidly this destruction takes place. In one of his cases, after the red corpuscles fell to 2,500,000, he suddenly found the number reduced to 1,800,000, and the patient went into profound cholemia, or the comatose state accompanying anemia.

In case of gall-stones operation should not be resorted to at once, but the blood should be observed, as well as all the other conditions, and the case held firmly in hand.

Dr. Musser mentioned a case of pneumonia which he was called to see, in which the attending physician felt quite sure that he was treating gall-stones.

DR. TURCK, of Chicago, said that it was important to differentiate between gall-stones of the cystic duct, of the gall-bladder, and of the common bile-duct.

DR. WEBSTER, in closing the discussion, stated that the presence of a stone in the common duct, with gradual and continued emaciation, is an absolute indication for operation; and that the examination of the blood is a better criterion than the clinical evidence of emaciation.

FOURTH DAY—MAY 10TH.

DR. J. H. KELLOGG, of Battle Creek, Mich., read a paper entitled

NEW METHODS OF PRECISION IN THE INVESTIGATION OF FUNCTIONAL DISORDERS OF DIGESTION.

From observations covering 4000 cases he found that the failure to digest starch is one of the most common features in dyspeptics. He commented upon the large amount of sugar found present in the stomach-fluid, 7 or 8 drams per 100 c.cm. of stomach-fluid being frequent. He also noted the interesting relation between starch-conversion and proteid digestion. He found six cases of complete apergia, in which there was no free hydrochloric acid in the stomach, and the coefficient of proteid digestion was absolutely *nil*. He presented the results of a number of tests that he had made as to the influence of various acids on the salivary digestion of starch. He found that it required the following quantities of different acids to neutralize completely the effect of the salivary action: Oxalic acid, 1 part to 10,000; hydrochloric acid, 1 part to 4000; lemon-juice, 1 part to 200; and vinegar, 1 part to 200.

DR. WEBSTER, of Chicago, said that the object of all therapeutic measures in these cases is to imitate as closely as possible the normal digestive processes, and that Dr. Kellogg's means for exactitude were certainly of great value. He stated that, while not very long ago it was held that salivary digestion is not of much importance, we now know that salivary digestion may continue in the stomach for from thirty to sixty minutes, first in a neutral, and then in an acid medium, due to lactic acid.

Dr. Webster thought that by the use of a very small amount of vegetable acid, or condiment, the total quantity of saliva which is secreted more than compensates for the action of that which is neutralized. He stated that in the physical examination of the stomach auscultatory percussion would enable one to define the lower border of the stomach within a half-inch or less, and that the instrument Dr. Kellogg showed for this purpose was only of possible use in case of exceedingly thick abdominal walls.

DR. KELLOGG, in closing the discussion, stated that there are other vegetable acids more desirable than vinegar, which, while exciting salivary secretion, at the same time inhibits salivary digestion. He advocated the chewing of dry food, as his experiments have shown that this will increase the amount of saliva three or four times, and the patient should eat zwieback, crackers, etc. Besides, all stimulants lose their power after a time, and the quantity must be increased to obtain the same effect.

DR. I. E. ATKINSON, of Baltimore, read a note of a

CASE OF SUPPURATIVE PANCREATITIS, WITH NECROPSY.

The patient was a very stout woman, aged thirty-five years, the mother of two children. Fifteen months before coming under observation she had what her physician thought an attack of hepatic colic lasting two weeks, with almost constant pain. This ceased abruptly, and the patient regained her health, becoming pregnant almost immediately afterward. She made a good convalescence from her childbearing. Shortly thereafter she was seized with a sudden attack similar to that of "hepatic colic." Dr. Atkinson saw the woman sixty-two days after the beginning of this second attack. She was in

bed, slightly jaundiced, her body well nourished, her tongue discolored. She vomited several times a day greenish fluid, sometimes slightly bloody, and had marked diarrhea. There was a tumor in the epigastric region, and severe pain in the back between the shoulders. The abdominal muscles were almost motionless during respiration, which was almost purely costal, and significantly rapid when considered in reference to the pulse-rate. There was neither chill nor sweating. There were no symptoms of intestinal obstruction—an interesting fact, as many cases of pancreatic abscess begin thus. The woman was most comfortable in a semi-recumbent, dorsal position.

The case progressed, with the development of graver symptoms, the tumor extending downward to the region of the navel. Fat was never detected in the stools, and examinations of the vomited matter gave no special information. There was complete analgesia. On the morning of the day preceding her death the woman passed a stool consisting of bloody pus, and the tumor became notably smaller. An autopsy showed an opening into the intestine corresponding to about the opening of the pancreatic duct, undoubtedly the source of the pus.

Dr. Atkinson stated that the clinical history of acute pancreatic inflammation had been so definitely put forward by Professor Fitz that a well-pronounced case ought to be readily recognized. Acute pancreatitis has been divided into three classes: Hemorrhagic pancreatitis, gangrenous pancreatitis, and suppurative pancreatitis. The hemorrhagic variety usually terminates within a few days, and naturally is of extreme difficulty of diagnosis; this hinging upon the presence of a tumor, which is to be differentiated from hepatic tumor by the tympanitic resonance over its surface due to the intestines, which are raised up over it. The affection runs its course in few days, or passes into the gangrenous variety. Suppurative pancreatitis may last as long as a year, and is not, as a rule, characterized by the presence of fatty necrosis. Dr. Atkinson thought this case, strictly speaking, not one of simple suppurative pancreatitis, as the post-mortem examination showed undoubted evidence of hemorrhage, but that it was rather one of hemorrhagic pancreatitis, the inflammation gradually extending to the cavity of the lesser omentum.

DR. WEBSTER, of Chicago, was curious to know whether there were any post-mortem findings to justify the clinical diagnosis of gall-stones in the early history of the case.

DR. STOCKTON, of Buffalo, stated that in his experience with pancreatitis he had failed to find any evidence of fat in the stools. He thought that Dr. Atkinson's case presented rather fewer evidences of shock than usually exist when hemorrhage has taken place, by reason of the peculiar location of the hemorrhage and the pressure on the sympathetic ganglia. Dr. Stockton narrated the case of a young girl, sick for two months with the usual evidences of shock and vomiting, only a slight trace of sugar and a trace of albumin in the urine, who died from prostration. The pancreas was found to be larger than normal, and intensely hard, like the contracted kidney, but there was no evidence of hemorrhage.

DR. ATKINSON added that there were no gall-stones found in his case. He also touched upon the interesting

point of the absence of fat from the feces, notwithstanding almost complete destruction of the pancreas or annulment of its active functions.

He stated further that in his own case, as in Dr. Stockton's, there was slight glycosuria, but that he was unprepared to say in what proportion of pancreatic inflammations fat-necrosis comes on, or to account for the conditions of Dr. Stockton's case, though believing that pancreatic inflammation is a good deal more common than is usually supposed.

DR. F. B. TURCK, of Chicago, read a paper on METHODS OF DIAGNOSIS AND TREATMENT OF THE GASTRO-INTESTINAL TRACT.

He expressed the view that the universal method of percussion may sometimes lead to grave error, and stated that the respiratory movements have the most marked influence on the mechanical movements of the stomach, and in the normal stomach show from 200 to 300 millimeters of pressure. In carcinoma of the stomach lactic-acid micro-organisms are found oftener than in any other trouble of the stomach, an important fact in diagnosis. As to therapeutics, it was held that lavage of the stomach is not especially indicated in dilatation, and that the indications for lavage are limited to a selected sort of dilatation. Massage has been recommended, but this manipulation does not remove the material on the walls of the stomach containing micro-organisms. Dr. Turck follows two rules of treatment: first, the removal of the diseased material containing germs, and, second, disinfection of the mucous membrane as far as possible. For this purpose he has used with success nebulized oil of cloves and oil of cinnamon, so that a cloud of pure essential oil is formed. The advantages of this method are that it is antiseptic, preventing growth of micro-organisms, and also analgesic, the pain ceasing immediately. Oil of cloves is also a vasomotor stimulant and assists in digestion.

To distribute the blood over the body Dr. Turck recommended an ordinary salt-bath at a temperature of 105°, in which the patient lies quiescent. The temperature is sometimes raised as high as 110° or 115°. The patient is then rubbed with a block of ice. In this way the vasomotor system is stimulated, and the metabolism of the body and the action of the heart increased.

In cases in which it is desirable to bring the effect of drugs to bear directly upon the intestines, pills may be coated with betol, which will not dissolve in the stomach, but will do so in the intestines. When there is marked congestion of the colon, ice-water may be introduced by means of a soft rubber tube.

Dr. Turck exhibited, in connection with his paper, a number of instruments successfully used in the treatment and diagnosis of the gastro-intestinal tract.

DR. STOCKTON expressed the opinion that lavage is overdone, and should only be practised for merely emptying the stomach in a therapeutic sense. He had found that pills which pass the stomach unchanged are likely to pass the intestines also.

DR. TURCK, in closing the discussion, added that he had found lavage to exert a very unfavorable influence when used indiscriminately, causing loss of weight, owing to the removal of food and of stomach-fluids essential for the welfare of the individual.

The last paper read to the Section was entitled

LEUKOCYTES AND NUCLEIN, by DR. T. O. SUMMERS, N. Y., who mentioned three forms of nuclein material.

The following articles were read by title:

THE CONSERVATIVE USE OF LAVAGE IN DISEASES OF THE STOMACH, by DR. J. M. CARTER, of Waukegan, Ill.

CONSTIPATION AND FAULTY ELIMINATION AS A FACTOR IN DISEASE, by DR. FREDERICK S. THOMAS, of Council Bluffs, Iowa.

THE PHYSICIAN, by DR. JULIUS KOHL, of Belleville, Ill.

SECTION ON OBSTETRICS AND GYNECOLOGY.

SECOND DAY—MAY 8TH.

DR. J. M. BALDY, of Philadelphia, read a paper on HYSTERECTOMY FOR PELVIC SUPPURATION.

He claimed that this method of treatment for diseased appendages was now established on a sure basis. He wished to prove that hysterectomy is not a more dangerous operation than salpingo-oophorectomy. The uterus is a useless organ after the removal of the tubes and ovaries. It has been demonstrated conclusively that patients suffering from chronic pelvic inflammatory disease are not always cured by removal of the tubes and ovaries alone. Experience only can decide whether hysterectomy, subsequently performed, will cure these patients, but in his own hands and in the hands of other experienced operators this secondary operation has generally been followed by a relief of all the unpleasant symptoms. Recently, in six cases so operated upon, he has had complete cure follow. Does the operation of hysterectomy increase the mortality above that of double salpingo-oophorectomy? Not only has hysterectomy in his hands lowered the mortality, but it has rendered the convalescence more rapid. He reported 223 cases of hysterectomy, with only 6 deaths, performed by six operators, including 34 cases of his own, without a death, and 70 cases of Kelly's without a death, giving a mortality of but 2.7 per cent.

DR. L. H. DUNNING, of Indianapolis, offered a

NEW METHOD IN THE TREATMENT OF THE STUMP IN OÖPHORO-SALPINGOTOMY

This operation was devised to do away with the *en masse* ligature of the appendages. He claims that there are three serious objections to the method almost universally employed. There is, first, the great difficulty experienced in forming enough of a pedicle, so that retraction with secondary hemorrhage is common. The ligature also, because of this great tension, may cut through the tissues and then give rise to secondary hemorrhage. Secondly, pain is frequently produced by constriction of the nerves by the ligature. Third, adhesions are a frequent sequela, giving rise to pain and obstinate constipation. Three deaths from obstruction of the bowel thus produced have been reported in his local society within the past year. His method is as follows: He proceeds in the usual manner until all adhesions

between the diseased appendages and surrounding parts are broken up. The uterus is then lifted up by a special apparatus (a stem with a shoulder), introduced into the vagina, and secured to a Sims' vaginal retractor. A provisional ligature is then thrown around the appendage. The ovary is then separated from the broad ligament and the raw surface closed by a running Lambert suture; the tube is then tunneled out and ligated and removed, after which the provisional ligature is removed. The same procedure is adopted upon the other side. He has employed this method with success in nine operations.

DR. AUGUSTIN H. GOELET, of New York, read a paper entitled

THE TREATMENT OF INFLAMMATIONS OF THE UTERINE APPENDAGES.

He believes that the extreme limit of abdominal surgery has been attained. Once removed the appendages cannot be replaced, and the gynecologist who saves the most tubes and ovaries within the next ten years will win more renown than he who removes the most. Tubes and ovaries are daily being removed without a previous effort on the part of the operator to improve their condition by a less radical mode of treatment. He is convinced that many cases of inflammatory disease of the tubes are curable without operation. Clinically, the diseases of the appendages may be divided into salpingitis and ovaritis. Usually the cause of salpingitis is evident, but this is not so in the case of ovaritis. Salpingitis may be catarrhal or septic. Ovaritis is acute or chronic, and is frequently a sequence of salpingitis, though occasionally occurring independently. Laceration of the cervix, with infection through the lymphatics, is probably a common cause of chronic ovaritis. Chronic ovaritis may exist as a condition of hyperplasia, atrophy, or cystic degeneration. If salpingitis be found associated with a severe form of endometritis, curettage with packing of the uterine cavity with gauze should first be employed, especial care being taken to remove the granulations from around the orifices of the tubes and at the internal os. Moderate dilatation is all that is required; divulsion is unnecessary. The vagina and vulva are first rendered aseptic, the os is dilated, and the cavity cleaned by a 1 per cent. solution of lysol. Irrigation is then pursued until all oozing ceases. The cervix is fixed by a double tenaculum, and the cavity is then filled with gauze. This tampon must be removed every twenty-four hours, for when once moist it ceases to drain. This free drainage must be maintained and efforts made to remove the exudation from around the uterus. The treatment of ovaritis consists in removal of the cause of irritation. Diseased tubes must be treated or injuries or disease of the cervix attended to. Relief from the symptoms may be secured by treatment directed to the ovary, but this is but temporary.

DR. MORDECAI PRICE believes that the tendency of the day is too much toward a new method—"my" method. The older surgeons—Tait, Bantock, Keith, etc.—have laid down rules that may safely be followed. He considers ventro-fixation as ever a dangerous operation, giving rise to serious bowel-obstruction. He regards treatment of diseased tubes and ovaries by electricity or other such methods as absolutely futile. The orifice of the tube is obliterated and the organ useless. The removal of healthy tubes and ovaries is criminal,

but the palliative treatment of radically changed organs is not much better.

DR. DUNNING, in reply, said that he objects to the *en masse* method of ligature because it destroys the nerve without destroying its integrity, hence the pain.

DR. REUBEN PETERSON, of Grand Rapids, Mich., presented a paper on

HYSERECTOMY FOR PUPERAL INFECTION,

in which he said that in septic endometritis the putrefactive germs do not predominate, although they may be present; hence, a putrid discharge is not marked. Puerperal sepsis may be divided into two large classes, namely, those in which the general sepsis is predominant, and those in which the sepsis is localized in the uterus or its adnexa. All collections of pus in the adnexa or cellular tissue should be evacuated, preferably by the abdominal route. The treatment must be rigid and thorough, if it will be of any avail. The early removal of the appendages or of the uterus is necessary to avoid general infection of the system. After general infection has occurred hysterectomy is useless. He reported a case in which after curettage had failed, and the disease had become general; hysterectomy was unsuccessfully performed.

DR. CHARLES P. NOBLE, of Philadelphia, followed with a paper entitled

CELIOTOMY FOR PUPERAL SEPTICEMIA AND FOR PUPERAL INFLAMMATORY CONDITIONS.

He said that the conditions under which it is desirable to perform hysterectomy for puerperal septicemia are not yet definitely settled. There are two classes of puerperal sepsis, in the *first* of which there exists a diseased condition of the tubes, ovaries, or uterus preceding labor, as tumors, or collections of pus in the tubes existing for months prior to pregnancy. These tumors may be bruised or the pus-collections ruptured during labor, and peritonitis follow. The birth-canal and lymphatics are not involved in these cases, and prompt operation, with removal of the organs, will usually be followed by a cure. Unfortunately, these cases are much rarer than those of the *second class*, in which the tubal disease follows labor, and is due to septic infection of the parturient canal. This is the common form of puerperal fever. The infection spreads, in these cases, to the peritoneum by means of the tubes, or directly through the lymphatics, and gives rise to peritonitis. The lymphatic infection may take place directly through the uterine walls or by way of the broad ligaments. Usually in these cases operation has been too long delayed, and very generally has not been performed until after the seventh day following infection. The lymphatic form of peritonitis is not amenable to treatment by celiotomy; all who are operated upon die. The more radical operation of hysterectomy offers but little chance, because the patient already has profound septicemia or fully developed peritonitis. In the more favorable cases the infection comes through the tubes. If the peritonitis be of a severe form, celiotomy is indicated, as well as in the milder forms, when it is required to prevent a further spread of the septic process. In circumscribed peritonitis the operation is usually followed by excellent results. True pelvic abscess occasionally occurs, and this always requires celiotomy. He prefers hysterectomy when, notwithstanding

standing curettage and the introduction of iodoform gauze, the symptoms grow worse. Large pus-accumulations can better be treated by the vagina than from above, but generally abdominal section will be required.

DR. LAPTHORN SMITH, of Montreal, stated that if every palliative form of treatment, including the curet and drainage, has failed, the only rational thing to do is to remove the uterus, and preferably by the abdominal method, with the use of the *serre-nœud*.

DR. HENRY P. NEWMAN, of Illinois, thinks that curettage is often faultily done, and is in the habit himself of supplementing it by swabbing out the uterine cavity with 95 per cent. carbolic acid and packing with iodoform-gauze. He is also glad to learn that pelvic abscess is not regarded by all as due invariably to gonorrhœa. He is sure it can occur from other conditions.

DR. DUNNING, of Indianapolis, wished to place on record his cases of pus in the pelvis, antedating delivery and leading to the development of peritonitis. The first case was one of pyosalpinx, resulting in death three days after delivery, immediately subsequent to operation. Preceding and following the operation there was a discharge of pus from the uterus, due without doubt to suppuration in the uterine walls. The second case was one of pseudo-ovarian abscess, following miscarriage, with the development of septic symptoms. No operation was performed, and post-mortem examination showed that the abscess had ruptured.

DR. CARSON, of Detroit, believed that in cases without local symptoms, in which the patient, although presenting a high temperature, is feeling well, will do better by being left alone. In such cases, in his experience, hysterectomy is fatal.

DR. J. MILTON DUFF, of Pittsburg, believed that if the pulse still keeps rapid, and only a slight decrease in temperature follows curettage and irrigation of the uterine cavity, the patient if let alone will die. Under such circumstances hysterectomy is necessary.

DR. L. S. McMURTRY, of Louisville, Ky., would regret to have it go out from this Association that after curettage and drainage have failed an operation must be performed. He believed that the majority of the cases recover under an expectant plan of treatment. Operative interference is only to be resorted to on the same principle that the same operation is performed under other circumstances, such as the presence of marked physical signs.

DR. MORDECAI PRICE, of Philadelphia, thought that the use of the curet in any form of puerperal sepsis is exceedingly dangerous. If the curet is avoided and the operation performed instead, the mortality will be lower than when the other plan of treatment is pursued. In these cases he believes that hysterectomy is criminal. The women are already septic, and to create an additional raw surface can only add to their danger.

DR. J. M. BALDY, of Philadelphia, said that the uterine wall is nothing more or less than a large pus-cavity in these cases, and the curet will not cure the condition. If any curet be employed, it must be the sharp instrument; the dull curet is a dangerous instrument in these cases, for it does not accomplish what is wanted. Of what service is it to remove the tubes and ovaries only when the pus is in the uterus? If the patient be left alone, she will probably come again into the hands of the operator for a secondary operation. It

would be much wiser to perform the primary operation, and save the patient months of a dangerous condition.

THIRD DAY—MAY 9TH.

DR. A. LAPTHORN SMITH, of Montreal, read a paper on

THE PRESENT STATUS OF TREATMENT OF FIBROIDS OF THE UTERUS BY ELECTRICITY.

He claimed that he occupied a position midway between the electricians and the surgeons. He does not believe that electricity is suitable for every kind of case or every kind of doctor. Electric treatment, when undertaken early and properly applied to suitable cases, is entirely devoid of danger, while operative procedures are not. It is true that electricity is a slow method of treatment; he has spent as many as one-hundred hours on a single case, and yet the ovaries remained, and the mother was a happy woman. This time-question is a serious objection to the method, but not an insurmountable one. A skilled assistant can help in the work, and as many as six treatments in an hour can thus be made. The electric treatment requires a knowledge of the pelvic organs as well as does surgery. Apostoli has pointed out that electricity may be employed as a means of diagnosis in case of diseased appendages. If febrile reaction follows the application of the electricity, Apostoli's dictum is true that diseased appendages may then be regarded as complicating the case. Adhesions do not always follow the use of electricity, and often occur without electricity having been employed.

DR. G. BETTON MASSEY, of Philadelphia, read a short abstract of a paper on

THE TREATMENT OF HEMORRHAGIC CONDITIONS OF THE UTERUS BY ZINC-AMALGAM ELECTROLYSIS.

He stated that the use of a soluble electrode should be avoided whenever a pure electric treatment is desired. In certain cases, however, the nascent salt produced by corrosion of an electrode is decidedly beneficial. Copper, zinc, and iron have been employed in this manner. In certain hemorrhagic cases a most beneficial effect follows this method, even after the usual Apostoli method has failed.

DR. W. H. HUMISTON, of Cleveland, Ohio, read a paper on

DISEASES OF A REFLEX NATURE ARISING FROM PATHOLOGIC CONDITIONS OF THE UTERUS AND ITS APPENDAGES.

He said that the origin of reflex troubles associated with uterine disease is mechanical pressure or interference, from the large size of the uterus or tumor. Ovarian pain and dysmenorrhea occur frequently when there exists no marked pathologic condition to account for them. Many gynecologic patients complain of the brain, eyes, nose, abdominal viscera, etc., and a thorough examination of the pelvic organs must be made in all such cases. Anemia, headache, loss of memory, numbness of the extremities, insomnia, epileptic and hystero-epileptic seizures, dyspepsia, an irritable condition of the heart, dyspnea, frequent and painful micturition, inability to walk, are some of these curious reflex manifestations. Usually a pelvic examination shows a retro-displacement or prolapse of the uterus or large

and swollen ovaries. The treatment consists in replacement of the displaced organ, curettement, and the proper use of galvanism.

DR. E. E. MONTGOMERY, of Philadelphia, opened the discussion on the after-effects of ovariotomy or hysterectomy as grouped under the three headings, *mental, physical, and sexual*. He remarked that pelvic pain, whether extreme or slight, now seems to be an indication for removal of the pelvic organs. An unused function, as is generally known, atrophies; hence after castration the uterus decreases in size. The symptoms of the natural menopause are always aggravated after a premature induction of the climacteric period. Even if the patient has previously had no desire for offspring, the knowledge that now she cannot bear often induces intense longing for children, and if she has had sexual appetite before a deep melancholia may follow. No mutilation should be done when there is a reasonable chance of relieving the condition by other measures. If possible, the organs that are diseased only in part should have the diseased portions excised and the rest retained. Castration should be practised in nervous cases only as a *dernier ressort*.

DR. HENRY P. NEWMAN, of Illinois, remarked that he has personally never seen insanity or any physical changes follow the operation. Neither has he seen the sexual desire altered to any degree.

DR. WARD remarked that if healthy organs in young women are removed grave symptoms supervene. If the ovaries are diseased and partially destroyed, however, the changes are not so marked. Sexual desire is not lost. He thinks that in bad cases the uterus also should be removed, to avoid the trying leukorrhea. Very nervous patients improve after operation, and in his experience insanity has not followed.

DR. HALL, of Cincinnati, said that with one exception he has never seen insanity follow removal of the diseased appendages. This exception was a woman, two of whose sisters had previously died in an insane hospital, and who showed a strong history of hereditary insanity. She died insane some time after the operation had been performed. He does not operate for reflex symptoms. Accumulation of fat usually occurs after the operation, this disappearing, however, at the menopause. He has never seen a growth of hair following celiotomy. Blunting of the sexual appetite he has occasionally noted.

DR. MASSEY, of Philadelphia, remarked that his experience was peculiar, because all the cases he sees have been operated on by other men. He has seen some of the worst cases of post-operative sequelæ. In but one case has he seen melancholia follow operation. He has seen alterations of the nervous and moral condition. The sexual feeling is largely limited by operation.

DR. HOWARD A. KELLY has encountered six or eight cases of insanity after operation. This complication is most apt to occur when the operation is performed on young girls without gross lesion. There are no changes in the women's general characteristics other than a gain in weight. The sexual appetite is not lost, at least not until after some years have elapsed. In point of fact, in the majority of cases it is restored.

DR. X. O. WERDER, of Pittsburg, read a paper on

VAGINAL FIXATION IN RETRO-DEVIATIONS OF THE UTERUS.

This paper included a report of some cases operated on by Schücking's method and its modifications. In eight cases he has employed buried silkworm-gut, and has had no ill results follow. Mackenrodt's operation differs from this method only in the mode of vaginal incision, which is longitudinal instead of transverse. The dissection is carried up the anterior wall of the uterus until the bladder is fully separated. Failure in this operation is due to the fact that the stitches are inserted too low down in the uterus. He regards the intra-peritoneal method of operating as preferable to the vaginal method, and has performed it in twelve cases. In all cases the operation of vaginal fixation should be preceded by a thorough curettement. If an operation on the cervix is required, it should be done first. Pregnancy has occurred in one of his cases, the patient going to term and being delivered without difficulty. The intra-peritoneal method of vaginal fixation has also been termed vaginal celiotomy. It allows the fundus of the uterus to be drawn down to the vagina, and also permits an examination of the appendages, which may also be easily removed by this method.

DR. S. L. JEPSON, of Wheeling, W. Va., read a paper on

ECTOPIC GESTATION—ITS EARLY DIAGNOSIS AND TREATMENT.

He said that the principal diagnostic points were the signs of pregnancy, menstrual suppression, pain of a colicky nature, irregular bloody discharges, the expulsion of shreds of decidua, and a cyst-like tumor to one side of or behind the uterus, progressively enlarging in size. He would exclude all methods of treatment save celiotomy and electricity. Experience has shown that electricity will not kill the fetus. Suppuration within three months after the use of electricity has never been reported. Electricity can be used when other operations cannot be performed. Again, many women will submit to electric treatment who will not consent to other operations. Electricity should only be employed during the first three months of gestation, and when the tube is intact. He admits that electricity is not the ideal treatment, but claims that it should be given a fair trial. In unruptured tubal pregnancy celiotomy, with removal of the appendages, is the ideal method of treatment.

DR. AUGUSTIN H. GOELET, of New York, doubts the expediency of abdominal surgical operation in every case of unruptured tubal pregnancy. In early rupture, with slight hemorrhage into the broad ligament, he would not operate at once, but would wait, and only operate when signs of danger are indicated. If the hemorrhage occurs into the abdominal cavity, he advises not to operate until the danger of secondary hemorrhage has passed away and the hemorrhagic effusion has become shut off from the peritoneal cavity by means of the adhesions which have formed. He would then open the sac from the vagina.

DR. HALL, of Cincinnati, said that it is difficult to say whether rupture has taken place into the broad ligament or into the abdominal cavity. He has operated on sixteen cases, each of which had been diagnosed and treated for rupture into the broad ligament, the

operation proving, however, that all had been free ruptures into the peritoneal cavity. Price, in more than one-hundred operations, has yet to see a rupture into the broad ligament. He believes in operating as soon as rupture occurs.

DR. REED believes in operating at once, whether the operator be experienced or not. He believes that many lives may thus be saved.

DR. GILLIAM, of Columbus, Ohio, does not regard the operation for celiotomy as an easy one. Some cases are easy, but others are not. In very few cases of ruptured ectopic pregnancy do the patients die in the first hemorrhage. Some patients have as many as six bleedings.

DR. HOWARD A. KELLY, of Baltimore, Md., read a paper on

SUSPENSIO UTERI: THE PROPER METHOD OF PERFORMING IT, AND ITS RESULTS.

Dr. Kelly refused to accept the name of ventrofixation or hysteropexy. The uterus is not fixed. He prefers the name of suspensio uteri as more accurately describing the condition. In the past five years he has performed this operation 170 times and 37 times in the past year. The indications for the operation are extreme local discomfort associated with uterine displacements, and neurasthenia, with backache and headache. In the first class of cases, with local symptoms but no general symptoms, the operation is plain. In the last series of cases it is difficult to say just when the operation is indicated. The most brilliant cures, however, have been in this class of cases. He is willing to take the chances and fail in four cases in order to get one good cure. Of the 132 cases reported, 90 were married; and of these, 78 per cent. had borne children, and 14 of them had had miscarriages. Not one died or showed bad symptoms. Transient mania had occurred in 3 cases, pneumonia in 1 case, and stitch-abscess in 3 cases. Cystitis and frequent urination had occurred in 4 cases only, and had been but transient.

The operation is simple. The pelvis should be slightly elevated, and a small incision made just above the symphysis pubis about one-and-one-half or two inches in length. The perineum is incised and drawn out with forceps. Two fingers are inserted to the fundus, and the uterus hooked up. Adhesions are stripped off with the fingers or cut with scissors or knife, and the uterus anteflexed. The abdominal wall is lifted on the left side until the peritoneum can be seen for one inch away from the line of the incision. A needle is then carried through the peritoneum, but not entering the muscular tissue, and then through the posterior uterine wall just below the fundus, taking in about one-fourth of an inch in length, and extending about one-eighth of an inch in depth. The suture is then carried to the opposite side of the abdominal wall. Another stitch is passed just above the first, near the incision, and inserted into the uterus below the other, and then carried back to the opposite side of the abdominal wall. This increases the anteflexion. A third suture may be inserted. The peritoneum is then closed by a continuous suture; then the fascia is closed and then the skin-incision. The distance between the uterus and anterior abdominal wall is about one or one-and-one-half inches. The organ is attached by a strong fibrous cord which contains the sutures close to the

abdominal wall. Pregnancy is not seriously interfered with. In only one case, and that after two years, did the uterus drop back.

DR. H. R. HOLMES, of Portland, Oregon, reported

TWO INTERESTING CASES OF PELVIC SURGERY,

intended to throw some light on ventrofixation.

DR. A. LAPTHORN SMITH stated that he is in the habit of using permanent silk-ligatures. He formerly used catgut, but had had bad results. He passes the stitches through the peritoneum and fascia also. The uterus is movable, but by the cervical end rather than by the fundus.

DR. PETERSON, of Grand Rapids, suspends the uterus by the ovarian ligament, as originally done by Dr. Kelly. He has performed seventeen such operations. He would like to know whether the ovaries are lifted up by this last method or by the original method.

DR. PYLE, of Cleveland, Ohio, reported a case of death resulting from hemorrhage from one of the stitches passed through the fundus.

DR. WERDER said that the advantage of vaginal fixation over suspensio uteri was the early getting up; the patient was only confined to bed ten days. He also avoided stitch-abscesses.

DR. BEDFORD BROWN, of Alexandria, Va., read a paper on

THE THERAPEUTIC ACTION OF CHLOROFORM IN PARTURITION.

In all literature, he said, there are reported not more than forty cases of death from chloroform during labor. He has used the anesthetic, given every half hour for from twenty to forty hours, without any trouble following. He has seen a profound chloroform-operation in obstetrics lasting for three or four hours without grave effects. He objects, however, to the careless use of the anesthetic. The alteration in the vasomotor system of a pregnant woman enables her to resist the toxic action of chloroform to this wonderful extent. Is the use of chloroform in labor for the relief of pain alone justifiable? He believes it is not only justifiable, but that it would be inhuman to withhold it. He believes that it is the anesthetic of all others peculiarly adapted to parturition. At what stages of parturition is chloroform applicable? For pain in any stage in small quantities. To remove muscular rigidity of the cervix or perineum a larger quantity is required, until there follows complete muscular relaxation. Does chloroform tend to prevent uterine contractions? If given in sufficient quantity, it will do this. Does its use tend to promote hemorrhage? He has never seen a greater tendency to hemorrhage after than without its use. In 2000 cases of labor which he has attended he has given chloroform in 1500 without ill effects following.

DR. J. J. E. MAHER, of New York, presented some

**ORIGINAL STUDIES ON THE OBSTETRIC FORCEPS,
WITH MECHANICAL DEMONSTRATIONS.**

He said that the circle of Carus does not give the center of the inferior strait, although giving that of the superior strait. His studies were directed to the devising of some circle which would more closely approximate the curve of the pelvic canal than that now in

use, the teachings of the Edinburgh School of Obstetrics.

DR. TODD GILLIAM, of Columbus, Ohio, in a paper on THE VAGINAL ROUTE FOR OPERATIONS ON THE PELVIC VISCERA,

presented a vaginal retractor, showing considerable ingenuity in its construction. It was held in position by the patient's body as she lay in the dorso-sacral position, and could be tightened or loosened by means of a screw on the handle.

DR. W. A. B. SELLMAN, of Baltimore, Md., presented an instrument or reamer, devised for dilating the constrictions of the uterine canal occasionally encountered. The instrument acts on the same principle as a pencil-sharpener, paring away the tissues in slices. It may be used with or without anesthesia. If a large amount of tissue be removed, the patient should be kept in bed for from four to seven days. The instrument is not intended to take the place of the curet in the treatment of fungoid growths.

SECTION ON NEUROLOGY AND MEDICAL JURIS-PRUDENCE.

THIRD DAY—MAY 9TH.

DR. EUGENE S. TALBOT, of Chicago, Ill., read a paper on

THE DEGENERATE EAR.

He presented a review of the literature of the subject, and added a series of observations of his own, including the measurements, size, and position of the ear, etc., made upon large numbers of persons of different classes of society. As a result of his studies, the conclusion was reached that the external ear shows a tendency to disappear, which is evidenced by its feeble muscles.

DR. LANGDON, of Cincinnati, made some interesting comments upon the subject, in which he confirmed the statements made by Dr. Talbot, that there was considerable variation in the size and location of the external bony auditory meatus, so much, indeed, that it was an unsafe landmark in cranio-cerebral topography.

DR. JAMES K. KING, of Watkins, N. Y., reported some unusual cases of

REFLEX NEUROSES.

He called attention to reports of cases of serious organic disease of the nervous system which were said to have been cured by this or that treatment. In many instances he thinks there was an error in diagnosis. There is no organic disease of the nervous system, as has been so often said, that may not be due to a functional cause. The case of a lady was referred to who had been seen by several physicians, and all united in agreeing that her symptoms were due to hysteria, but on post-mortem examination she was found to have been suffering from tuberculous meningitis. The case was due, therefore, to reflex nervous disturbances. Reflex headaches arise from a great variety of functional disturbances. Abnormalities of the stomach, liver, bowels, eyes, uterus, ovaries, etc., each causes headache in certain cases. Chorea is often a reflex neurosis. Reflex cardiac disturbances may simulate closely grave organic trouble.

In the discussion, DR. DILLER expressed it as his be-

lief that while there are many reflex neuroses the local affections are simply the expressions of a constitutional trouble, correction of which would be followed by a spontaneous disappearance of the local lesion.

DR. KELLOGG agreed with Dr. Diller. He called attention to the fact that the two sides of the body are never symmetrical, but no difference in loss of balance is observed in health. As soon, however, as the general tone becomes lowered, then the weak ocular muscle or other member gives way, and the mistake is often then made of attributing to this local manifestation the impairment of the general health. In many cases the cure of the man will be followed by disappearance of the local trouble.

DR. THOMAS J. MAYS, of Philadelphia, read a paper entitled

THE NEUROTIC ELEMENT IN PULMONARY CONSUMPTION.

He concluded that any agent or influence that has the power of disordering or interfering with the integrity of the respiratory nerves in particular, or with the nervous system in general, also has the power of producing "pulmonary consumption" and other forms of lung-disease. In a recent canvass of the literature of this subject, he found the records of over a hundred cases of "phthisis" in which the pneumogastric nerves, or the respiratory centers, were compressed or injured or diseased in connection with syphilis, alcoholism, diphtheria, measles, diabetes, multiple neuritis, locomotor ataxia, bulbar paralysis, tumor of the pons and medulla oblongata, etc.

The weakness, the easy fatigue, the restless sleep, the extreme nervousness present in many cases, the dyspnea, the hoarseness and aphonia, the thoracic pain, etc., were held to indicate that the principal nature of "phthisis" is one of nervous exhaustion? Finally, it was maintained that therapeutically the best results were obtained from those measures and agents that prove the most efficient in the treatment of nervous diseases, rest, nutritious food, strychnin, electricity, hypophosphites, cod-liver oil, phenacetin, capsicum, quinin, and other remedies that appeal to and influence the nervous system.

DR. L. D. MASON, of Brooklyn, N. Y., read a paper on

ALCOHOLIC COMA COMING UNDER POLICE CARE.

DR. H. M. LASH, of Indianapolis, Ind., described a case of

RIGHT HEMIPLEGIA AND APHASIA.

DR. E. D. FERGUSON, of Troy, N. Y., read a paper on THE TREATMENT OF EPILEPSY BEFORE THE HABIT IS FIXED.

He referred to some common causes of irritation that are responsible for starting epileptic seizures, and of the well-known difficulty of curing epilepsy when once the habit has been established. On the other hand, by removing the cause early the fits will cease permanently. Among other cases reported were two in which an adherent and contracted prepuce seemed to be the cause of the trouble. Both were subjected to circumcision; the one operated upon before the epileptic habit had become established was permanently cured. In the other case the fits had lasted several years, and, although

improvement was noted after the operation, a cure was not effected.

DR. WALTER B. JOHNSON, of Paterson, N. J., reported a case of

EPILEPSY CURED BY TENOTOMY OF THE OCULAR MUSCLES.

The case was that of a man, aged twenty-three years, who had suffered for two years with epileptiform attacks. He had been subjected to varied treatment, including that of the eyes, and glasses were prescribed, but the attacks, which were held in abeyance for a time, returned. Finally, as 5° of esophoria existed, the internal recti muscles were partially divided. Examination immediately afterward showed a slight exophoria. The patient has been well from the time of the operation, and the seizures have not recurred.

The subject of epilepsy being open for discussion, DR. PATRICK spoke favorably of treating the disease by ascending doses of opium until fifteen grains daily are administered, when it is to be suddenly withdrawn and the bromids substituted.

DR. HERDMAN objected to the systematic administration of the bromids in epilepsy, owing to the fact that in its incipiency the disease is so frequently dependent upon some local lesion. The use of the bromin salts depresses the nervous system, and probably keeps the attacks largely in abeyance, while the local irritation continues and the habit becomes established. If the fits are not stopped by drugs, a more careful search should be made for an exciting cause.

DR. C. S. CAVERLY described briefly

AN EPIDEMIC OF ACUTE ANTERIOR POLIOMYELITIS.

The cases included in the report had been under the care of a number of physicians, and different diagnoses had been made in the different cases. It is evident, however, by a study of the group, that they were all related. The patients presented the usual symptoms of acute anterior poliomyelitis, and in addition horses, dogs, and fowls in the vicinity of the epidemic died from the disease, as was shown by post-mortem examination.

DR. THEODORE D. DILLER, of Pittsburg, read a paper on

SOME ATYPICAL FORMS OF TABES.

A number of cases were described in which one or more of the usual symptoms were wanting. A careful study of each case, however, revealed the true nature of the disease.

CORRESPONDENCE.

LONDON LETTER.

The New President of the College of Surgeons—The Influenza—Medical Men as Political Administrators—The Reports of the Tuberculosis, Opium, and Vaccination Commissions—Death of Mr. Towers Smith.

MR. CHRISTOPHER HEATH, who has just been elected President of the College of Surgeons, in succession to the late Mr. J. W. Hulke, is Holme Professor of Clinical Surgery in University College, and has held a leading position in London as an operator for some twenty-five

years. He is the grandson of a naval surgeon who served in Lord Howe's flagship at the end of the last century, and he himself began his career as a volunteer surgeon in the British Fleet in the Baltic during the Crimean War. He is a man of fine presence, a ready speaker, and an excellent surgeon of the prescientific race before bacteria and streptococci had begun to trouble the minds of operators. Mr. Heath learnt his profession at King's College under Sir William Fergusson, and, like all the pupils of that great surgical artist, he rather conveys the impression that he thinks all surgery lies in the knife. "Old Fergie" could hardly be got to look at a case after it had left the operating-table. Mr. Heath is far from being a mere operator, but he is distinctly a "practical" man, whose interest in the structure of a tumor, for instance, is strictly limited to the question whether it is likely to recur. His teaching is addressed to the mass rather than to the elect, and he has been remarkably successful as an academic sheep-dog in driving his straggling flock to the examination-table. When he speaks to a wider circle his somewhat aggressive manner of expressing his views sometimes brings him into collision with his professional brethren. A few years ago in a lecture before the College of Surgeons he fell foul of the rhinologists, whose territory lies uncomfortably close to that covered by his best-known book, *Diseases of the Jaws*. Again, only the other day he made a vigorous onslaught on some orthopedists for what he implied was a not altogether disinterested devotion to screws and ratchets in the treatment of spinal curvature. Still "Christopher" is a man of whom we are all ready to declare (post-prandially) that "he's a jolly good fellow," and no doubt he will make a capital President. The appointment is only for the remainder of the term which Mr. Hulke left unfinished, and a fresh election will take place in July, but Mr. Heath will in all probability be re-elected. The only opposition candidate at all likely to be run against him is the one he has just beaten, viz., Sir William MacCormac, of St. Thomas's Hospital. Sir William's earlier career may be described as the travels of an Irish gentleman in search of decorations. Though not a military surgeon, he has sought the bubble reputation on many battlefields at a non-combatant distance from the cannon's mouth, and he has thrilled the breasts of peaceable citizens at home by appearing on a public platform in the full war-paint of a general officer of the Servian or Bulgarian army. The broad chest with which Nature has endowed him scarcely affords sufficient space for the display of the various orders—mostly of the third and fourth class—which foreign governments have lavished upon him. Sir William MacCormac was knighted in recognition of his distinguished services in connection with the International Medical Congress of London (1881), and he has found time in the intervals between his campaigns to make several contributions to surgical literature.

The influenza has almost spent itself, but the medical eye can everywhere trace its effects—not least among the politicians. They show themselves in the leaders in the form of faults of temper, deficiencies of tact, and downright opacity of intellectual vision, which would be surprising did we not know too well by this time the mischief which that subtle poison works in nerve-centers. It is influenza that is mainly responsible for the complications which are threatening to split up the

Unionist party into its component elements. The bad ventilation of the House of Commons is probably to a large extent responsible for the ease with which our elected legislators become the spoil of any stray bacilli that may be going about seeking whom they may devour. Some of the members, however, find compensation for the chemical impurity of the atmosphere in its soporific virtues. Henry Labouchere says the House of Commons is the only place where he can really repose in the arms of Morpheus. Were it not that the British Constitution would be shaken to its base if a peer were to sit in the Lower House, poor Lord Rosebery might have found in the air of the Commons that sweet sleep which neither the air of his beloved Epsom nor the sulphonal and other "drowsy syrups" prescribed by Sir William Broadbent could bring to his weary brain. The medical profession, at least in London, has suffered in health more severely in this epidemic than in any of the previous visitations; but as a body it must have benefited considerably in pocket. The want of such a stimulus to business was beginning to make itself somewhat acutely felt. It is said that at a dinner-party where most of the chief priests of the metropolitan temple of medicine were gathered round the hospitable board of a leader in laryngologic Israel, the most doleful confidences were exchanged; times were so bad that the chink of guineas had almost ceased to be heard in the consulting-rooms. Whether or not a libation to the divinities of plague and pestilence was poured on that occasion has not been revealed, but it is a fact that very soon afterward the influenza fiend descended upon us, and the stream of practice, which had almost run dry, once more became a brimming Pactolus.

The fighting in which British troops have just been engaged on the northwestern frontier of our Indian Empire has not probably attracted much attention in America, but here it has been followed with greater interest than our "little wars" usually excite. The leading part in it has been played by a member of the medical profession. Dr. Robertson, the British political agent at Chitral and the explorer of Kaffiriston, is a surgeon-major in the army, and a man of quite remarkable ability as an administrator and a diplomatist. There would seem to be something in a medical training that particularly fits men for the task of ruling native races and administering new countries. Leander Starr Jameson, the right hand of Cecil Rhodes in South Africa, is a doctor of medicine of London University, and was a prosperous physician at Kimberley before he became administrator of Mashonaland and an organizer of victory in Matabeleland. Sir William McGregor, the administrator of British New Guinea, is a Doctor of Medicine of the University of Aberdeen. Livingstone's friend, Sir John Kirk, whom Lord Kimberley, the Secretary of State for the Colonies, is sending as Special High Commissioner to the Niger to inquire into recent disturbances in that region, and formerly British Consul-General at Zanzibar, is a Doctor of Medicine of the University of Glasgow. Sir Rutherford Alcock, one of the oldest Fellows of the Royal College of Surgeons of England, was for many years British Minister at Pekin.

The Royal Commission on Tuberculosis has taken an unconscionable time to issue its report, and now that the long-expected document has been given to the world it is found to contain little that is new. The practical re-

commendations of the commissioners may be summed up in the maxims: Don't eat tuberculous meat, and boil milk before drinking it. The advice is unquestionably sound, but it hardly needed a Royal Commission to teach us these elementary hygienic truths.

The report of the Opium-commission is a much more satisfactory document. The evidence collected in various parts of India shows conclusively that the prevalence of the opium-habit in India and its alleged evil effects on the bodies and souls of the natives have been grossly exaggerated. The Hindoo takes his opium as the European takes his tea or coffee, and gets no harm therefrom unless he exceeds his proper allowance, which it appears he very seldom does. Medical men who know India and China and their inhabitants are practically agreed that if they are deprived of opium they will take to alcohol instead, and their last state will be far worse than their first. Another consideration which has made politicians welcome the report of this commission with greater enthusiasm than they are wont to manifest for the results of scientific investigation, is that the opium-traffic is a most important source of revenue to the Indian Government, which in the present critical state of its finances it cannot afford to lose. It is therefore comforting to John Bull to be spared a painful conflict between his conscience and his pocket.

Another royal commission—on vaccination—has been sitting four or five years, and appears likely to continue sitting till it falls to pieces by the natural process of decay. At irregular intervals it shows a flicker of life, the commissioners meeting, but only to adjourn for a further indefinite period. It is to be hoped that this prolonged labor will be followed by a satisfactory delivery. In the meantime the vaccination-act has become practically a dead-letter in many parts of the country, and everywhere it is becoming more and more difficult to enforce the law in the face of the obstinate silence of the oracle for whose utterance all are waiting.

The new Speaker of the House of Commons, Mr. Gully, is the son of the late Dr. James Manby Gully, of Great Malvern, the great prophet of the "water-cure" in this country. Of the eight Speakers elected within the last hundred years two have been sons of physicians, the other one having been Mr. Addington, who, greatly to the detriment of his reputation, gave up the position of First Commoner to become a Viscount and the feeble head of a very short-lived administration.

Mr. Towers Smith, who recently fell a victim to pneumonia following influenza, had in recent years made for himself a lucrative practice by easing rich people of the load of "too too solid flesh," with which overeating, want of exercise, and imperfect elimination had burdened them. Among his patients was the Prince of Wales, whose not altogether fairy form he succeeded in lightening by some thirty pounds. Needless to say the fact that he had had royalty under his treatment brought Towers Smith troops of patients. Everyone whose waistband was beginning to be a little tight hurried to him, as Louis XIV's courtiers insisted on being operated upon by the hands that had touched the sacred person of the Lord's anointed. Towers Smith was fast converting the adipose tissue of London "society" into solid cash, and he might have made a fortune had he lived a little longer. His method was based on the Saulsbury system.

FRAILTY MAKES US KIN.

To the Editor of THE MEDICAL NEWS,

SIR: I desire to call attention to a method by which reputable medical journals, unless watchful as well as honest, can be made the medium for the advancement of the personal ends of designing men. I wish also to note that even a journal that may occasionally smile at the weaknesses of medical men may itself be not without a moment of relaxation in its vigils in which it can be successfully assailed. Even toward these mighty censors of the medical world, in whom frailty reveals the touch of a common humanity, we of the rank and file need at times to extend a charitable hand. The two instances I am about to refer to will present the method with sufficient clearness without further introduction.

In the columns of a prominent New York medical weekly have appeared at intervals three articles, two of which are quite lengthy, from the pen of a metropolitan contributor, upon the hypodermic use of a combination of two mineral salts in the treatment of tuberculosis. With an apparent show of frankness, the writer names in the first paper the active ingredients in the solution he uses. In the second paper he adds to this the dose of the liquid, but does not state the strength of the solution of the salts named. He calls attention to a precipitate which results if the "solution" is not compounded with "special skill," but fails to intimate how it can be avoided, and, with an apparent climax of generosity toward the helpless physician and bewildered pharmacist, he gives the names and addresses of two drug-firms by whom the "liquid" is "prepared in accordance with my directions." In the third article referred to, he states the dose of the "fluid," and gives its approximate strength in the "combined salts," but omits to state the relative proportion of either of the two active ingredients in the combination.

By a study of either of these articles, or a careful comparison of all three, it is impossible for a skilled pharmacist to reproduce the author's "solution." But there is such an openness in his literary style, surely he can intend to conceal nothing. Without doubt, a personal letter to the doctor will clear up all discrepancies. But what is the result? A repetition of statement of the difficulty in the preparation of the "liquid," but no word as to its avoidance, and the name of a druggist from whom the medicine can be procured already prepared at a price that allows of a generous profit.

As a result of the method followed by this physician, and advanced—unintentionally I believe—by the medical journal, the medical man who desires to try the treatment with these drugs in combination must experience the difficulties of experimentation, both therapeutic and chemic, or is forced to purchase the medicine from one of the firms named, and be content to use a preparation of which he cannot know the exact composition.

We have heard of no explanation of this secrecy of method, and it can at least be said of the physician that in a medical sense he has not avoided the appearance of evil, and has suggested to the financially embarrassed doctor an easy way of profit, if only the medical press, especially those of its representatives with the widest circulation and best standing, will generously continue to extend to our impecunious brethren the freedom of their pages.

Here is another case in point. In the same journal there appeared in the summer of 1894 an article by a physician in a rural district of the same State, claiming remarkably good results from the hypodermic use of a solution of a coal-tar product in the treatment of tuberculosis. "I use it in the strength of grs. v to 3ij," he writes, but he avoids stating how much of this solution he uses at a dose, or how often the injections are repeated. It appearing that a solution of the strength named would be objectionable for hypodermic use, I wrote him for further particulars. His reply comes with all the delight of rural freshness, and is worthy of being placed by the side of our medical classics. After stating that his later successes were even greater than his first victories, he says:

"I am at present appointing physicians through the country to use the remedies, only asking them \$250 and a Bond of \$10,000, I furnishing the medicine at \$5 per 3ij, and consulting with them. I do this to protect myself and colleagues from some of my unscrupulous brothers and to hold it in my own name. If you had the same you would do likewise. Any other information will be gladly given, but I cannot tell family secrets."

After quoting this personal reference, I owe it to myself to state that I have not the honor of acquaintance with this medical sage.

Respectfully yours,

R. T. STRATTON.

911 MARKET STREET, OAKLAND, CAL.

THE TREATMENT OF WHOOPING-COUGH.

To the Editor of THE MEDICAL NEWS,

SIR: In these days when heaven and earth and the waters under the earth are being ransacked for new remedies, when the Greek roots and the Greek words coined would make the "Seven Sages" writhe in their graves, it occurs to me that the "crying want" is not so much new remedies as the knowledge of *how* and *when* to use those that we have. As an example, allow me to give my experience with chloral hydrate in a recent epidemic of whooping-cough. There were in all ninety-five cases, and of the patients two died, both being very young infants. Perhaps those might have been saved had the treatment been faithfully carried out. In previous epidemics I had tried chloral in small doses, as well as almost everything else, but nothing was satisfactory. I used to dread the disease, but I do not do so now. I got but little good from the doses usually recommended in the text-books. The drug must be given often enough to render the paroxysm so mild as to be harmless. A child one year old will probably require ten or fifteen grains in twenty-four hours, and it may be more. I give the agent in syrup of glycyrrhiza every hour or so, and tell the mother to "give enough to do some good; to begin with a moderate dose and gradually increase it until the dose is reached that is necessary to keep the disease in check." Given in this way children take the drug readily. If the child sleeps too much, the dose can be diminished, but this rarely happens. It was surprising how much young babies would take without an undue soporific effect. The disease seemed to counteract that effect largely. If the mothers would only give enough, the paroxysms would surely be controlled, generally

within twenty-four hours. Until then I would order a teaspoonful of ether poured on a cloth, and let the child inhale it, or would give a drop of amyl nitrite occasionally, used by inhalation; both are effectual. I gave the chloral to children of all ages, from those of a few days old to those of fifteen years, and never saw it do any harm. *A priori*, one would think chloral would be the remedy *par excellence*, and I believe it is. It is our best antispasmodic, relieves bronchial irritation, promotes secretion, and does not derange other secretions as opium and belladonna do. If the bronchitis was severe, I kept a jacket poultice around the chest, over this oiled muslin, and then thick flannel over all. There should be enough mustard mixed with the flaxseed meal to keep up a *continuous redness*. I mix dry in about the proportion of twelve or fifteen to one. If mixed dry, there are no small lumps of mustard to burn. This can be kept in place two or three days, and when removed is always warm and usually still sweet. Effervescent ammonium citrate, I think, is generally better than the carbonate, as it is pleasant, agrees better, and can be given much more freely. It also keeps the urine alkaline. I use about equal parts of each. A solution of citric acid is placed in one bottle and the carbonate in another, and both are mixed in a little water when given. Of course, all abdominal irritation must be removed on account of its reflex influence. All these cases were watched closely.

Respectfully yours,
H. M. HASKELL.

PALMER, MICH.

THE UNIVERSITY OF MARYLAND AND THE FOUR-YEARS' COURSE.

To the Editor of THE MEDICAL NEWS,

SIR: I am sure THE MEDICAL NEWS did not intend to do an injustice in its Editorial Comments (April 27, 1895), but it has certainly done so. In the first place, there is no "opposition to a four-years' course," as the note is headed, but a "doubt as to the advisability of adopting a four-years' course at this time." "The arguments which may be found or devised to support this contention" may be heard when the association meets to discuss the matter. The table presented in THE NEWS shows the University of Maryland to have had better results than the College of Physicians and Surgeons, New York; Bellevue, N. Y.; the Woman's College of Philadelphia, the Medico-Chirurgical College of Philadelphia, all the other Baltimore colleges, except the Woman's, all the Kentucky schools, all the Georgia schools, the Charleston Medical College, all the North Carolina schools, University of Tennessee, Vanderbilt University, Tennessee Medical College, Howard University, Washington; Pulte Medical College, Cincinnati; St. Louis Medical College, and the University of Vermont, and yet, to use your own words, "It seems strange that from those schools whose graduates fare the worst in competitive examinations should come opposition to the elevation of the standard of medical education." So important and highly respected a journal as THE NEWS should be a little more careful in its groupings as well as in its inferences. Moreover, the University of Maryland long ago recognized the fact that the old two-year course was not sufficient, either in quantity or quality, as the education of a physician, and adopted the three-

years' course, with preliminary examination, before the Association of American Medical Colleges came into existence, thereby losing scores of students who wished to graduate in two years, and a corresponding amount of fees. We think this pioneer effort on the part of an unendowed school is not altogether without merit. Now, as to rejections before the North Carolina and other State boards, if THE NEWS had taken the trouble to get statistics of the last four years, and had contrasted these with the results of earlier years, it would have found a different showing. I wish to say most emphatically that the University of Maryland, Faculty of Physic, is *not* opposed to a four-years' course, but is simply not *yet* prepared to adopt it. I am yours, very truly,

J. EDWIN MICHAEL,
Dean of the Faculty of Physic.

EVACUATION OF THE TYMPANUM.

To the Editor of THE MEDICAL NEWS,

SIR: The note by Mr. Donald B. Fraser in THE MEDICAL NEWS, on "Evacuation of the Tympanum" (No. 1163, p. 455), contains an excellent suggestion, which is likely to be abused, however, if others follow his commended procedure as diligently as he would seem to do, and ignore at the same time very important physiologic facts, as seems now the fashion. He seems unaware of the "Toynbee experiment," which gives a far better reversal of the Valsalva experiment than does the procedure advocated by him. Toynbee pointed out in a paper read before the Medico-Chirurgical Society of London in 1853 that deglutition with the mouth and nose closed caused a feeling of pressure in the ear, which was at first erroneously ascribed to the penetration of air into the tympanum (*Diseases of the Ear*, p. 196), but has ever since been recognized as being really an exhaustion of the air from the drum-cavity and Eustachian tube. Hardly a German text-book fails to give this method in its relation to the Valsalva experiment; but it is to be regretted that it is so rarely noticed in the English and American treatises.

The practical value of such evacuation of the tympanum will prove slight and rare in cases of exudation into the cavity, and patients and physicians should be cautious in its employment or advocacy. The disadvantageous results of its frequent unintentional performance were pointed out by Lucae, and are urged in a brief paper of mine about to appear in the *Philadelphia Poly-clinic*. When occasion arises to test the methods of emptying the drum-cavity through the tube it will generally be found that the act of swallowing will better accomplish the exhaustion than the inspiration commended by Mr. Fraser, as anyone can in a moment prove for himself. Yours, very sincerely,

B. ALEX. RANDALL.

1806 CHESTNUT STREET, PHILADELPHIA.

A CASE OF PREGNANCY WITH TYPHOID FEVER.

To the Editor of THE MEDICAL NEWS,

SIR: The case of pregnancy with typhoid fever, reported by Ashburn in THE MEDICAL NEWS of January 26th, reminds me of a case that occurred during my service at the General Hospital in 1891.

The patient, aged thirty years, with her little daughter,

two years old, entered the hospital with the history that both had been ill for some days. Both presented typical pictures of enteric fever; the child was separated from its parent, treated with tepid baths, and the disease soon proved to be abortive typhoid. The mother, on the other hand, presented a high grade of fever, with all other symptoms peculiar to a grave form of the disease. She was treated by the Brand method, several baths daily being required to subdue the pyrexia. On the second or third day after the baths had been given, I was informed by the attending nurse that the patient had not menstruated for nearly three months. By questioning and examination I elicited the fact that the woman was pregnant, of about three months' duration. At the advice of Dr. Stockton the plan of treatment already instituted was not interfered with, the condition of pregnancy being practically ignored. After a few days cool sponge-baths supplanted the tub-baths. The outcome was that the patient fully recovered after a moderately severe type of the disease, with no unpleasant sequelæ, and the pregnancy was carried to full term.

Respectfully yours, G. A. HIMMELSBACH.

137 W. TUPPER STREET, BUFFALO, N. Y.

EVACUATION OF THE TYMPANUM.

To the Editor of THE MEDICAL NEWS,

SIR: In my article on "Evacuation of Tympanum," which appeared in THE MEDICAL NEWS, I stated that the Politzer air-bag could be used to evacuate the tympanic cavity by reversing its action as employed in inflation of the Eustachian tubes and middle-ear cavity. I should have advised instead the use of a bulb-syringe, with a suitable nozzle, as this was what I myself used in my first experiments. Besides, the Politzer and all other air-bags have valves which prevent the reverse action. All that is necessary is a bulb-syringe, made of good rubber, having a suitable nozzle, and no valves. I use it as follows, viz.: I compress the bulb by squeezing it lightly, introduce the nozzle into one nostril, press the other tightly against it, direct the patient to keep his mouth closed, release the bulb and allow its expansion to exhaust the tubes and ear-cavity, and then press the bulb slightly and get the patient at the same time to blow against the lips until the cheeks are fully inflated—"blown out." I keep up this action, and thus inflate and evacuate alternately, so that the two processes are effected by one instrument. The patient's mouth must remain closed all the time. There must be no valves in the bulb-syringe, and it must possess considerable elastic recoil.

I have used this treatment in many cases with good effect, and hope soon to report some of them.

I am yours truly, DONALD B. FRASER.
LONDON, ONT.

VERATRUM VIRIDE FOR PUEPERAL ECLAMPSIA.

To the Editor of THE MEDICAL NEWS,

SIR: I am preparing a paper upon "The Action and Efficacy of Veratrum Viride in Puerperal Eclampsia," and should like to receive reports of cases treated with this drug by the profession.

Yours truly, F. K. WILLIS.
WATHENA, KANS.

NEWS ITEMS.

The Medical Society of the State of Pennsylvania will hold its forty-fifth annual meeting at Chambersburg, May 21-24, 1895. The following papers will be read: "Address in Medicine," by Dr. I. C. Gable, York. "Sequelæ of Typhoid Fever," by Dr. T. D. Dunn, West Chester. "Treatment of Malignant Tumors by the Toxins of Erysipelas," by Dr. John B. Roberts, Philadelphia. "Treatment of Typhoid Fever," by Dr. James Tyson, Philadelphia. "Prophylaxis of Pelvic Inflammations in Women," by Dr. J. M. Baldy, Philadelphia. "Tuberculosis," by Dr. John M. Batten, Pittsburg. "Treatment of Fistula in Ano by Lange's Method, or Immediate Suture of the Track," by Dr. Lewis H. Adler, Jr., Philadelphia. "Ocular Affections Associated with Lithemia," by Dr. Samuel D. Risley, Philadelphia. "Experience in the Treatment of Diphteria during Thirty-four Years of Practice," by Dr. William S. Stewart, Philadelphia. "Acute and Chronic Cystitis," by Dr. J. W. Roop, Harrisburg. "Treatment of Nevus," by Dr. H. R. Wharton, Philadelphia. "Report of One-hundred-and-twenty-five Cases of Hernia in which the Radical Cure was Performed," by Dr. Ernest Laplace, Philadelphia. "Ten Minutes in Medical Electricity," by Dr. George S. Hull, Chambersburg. "Present Status of the Sanitary Movement for the Adoption of the Individual Communion Cup," by Dr. H. S. Anders, Philadelphia. "Address in Hygiene," by Dr. Hildegard H. Longsdorf, Carlisle. "Prevention and Cure of Tubo-ovarian Inflammation," by Dr. G. Betton Massey, Philadelphia. "Movable Kidney," by Dr. Charles P. Noble, Philadelphia. "Oxygen Gas under High Pressure vs. Compressed Air for Spraying and Nebulizing in Diseases of the Chest, Throat, Nose, and Ear," by Dr. A. B. Kirkpatrick, Philadelphia. "Necessity for a State System of Registration of Vital Statistics in Pennsylvania," by Dr. Benjamin Lee, Philadelphia. "Carcinoma of the Uterus," by Dr. Thomas S. Cullen, Baltimore, Md. "Address in Surgery," by Dr. C. L. Stevens, Athens. "Late Syphilitic Lesions," by Dr. Edward Martin, Philadelphia. "Rupture of the Tendon of the Quadriceps Extensor Femoris," by Dr. J. J. Buchanan, Pittsburg. "Mental Influence in the Treatment of Disease," by Dr. Theodore Diller, Pittsburg. "Ophthalmia Neonatorum," by Dr. Joseph E. Willets, Pittsburg. "Treatment of Typhoid Fever by Guaiacol," by Dr. A. P. Hull, Montgomery Station. "When Should Vaginal Incision be Preferred to Abdominal in the Treatment of Pelvic Disease?" by Dr. E. E. Montgomery, Philadelphia. "Pharmacy in the Medical Profession," by Dr. S. S. Good, Meyersdale. "Deaf Mutes—Can Anything be Accomplished by Treatment?" by Dr. Louis J. Lautenbach, Philadelphia. "Microbes and Molds," by Dr. William T. W. Dickeson, Media. "Contribution to the Clinical Study of Typhoid Fever," by Dr. Murray Galt Motter, Lancaster. "Retroflexion of the Uterus when Chronic is Incurable except by the Application of Surgical Methods," by Dr. B. F. Baer, Philadelphia. "Treatment of Earache," by Dr. L. W. Moyer, East Mauch Chunk. "Practical Medicine," by Dr. J. C. Channell, Wrightsville. "Address in Obstetrics," by Dr. W. B. Ulrich, Chester. "Necessity for the Advertisement and Isolation of Cer-

tain Contagious and Infectious Diseases," by D. F. Le Moyne, Pittsburg. "Fat in Pulmonary Consumption," by Dr. Thomas J. Mays, Philadelphia. "Massage in Surgery," by Dr. James K. Young, Philadelphia. "Ligation of Arteries in the Treatment of Malignant Disease," by Dr. John H. Packard, Philadelphia. "Carcinoma of the Uterus," by Dr. I. N. Snively, Waynesboro. "Heredity," by Dr. J. K. Garver, Harrisburg. "Epidemic Diseases," by Dr. B. L. Kerchner, Dalmatia. "Management of Cases of Typhoid Fever," by Dr. H. G. McCormick, Williamsport. "Case of Pyelitis in a Boy of Seven Years," by Dr. J. P. Crozer Griffith, Philadelphia. "Medical Green Goods," by Dr. John B. Donaldson, Canonsburg. "Labor in Full Term Complicated by Typhoid Fever," by Dr. William M. Findley, Altoona. "Empyema of the Mastoid and its Relation to Acute Aural Disease," by S. MacCuen Smith, Philadelphia. Address of the President, Dr. John B. Roberts: "The Present Attitude of Physicians and Modern Medicine toward Homeopathy." "Address in Mental Disorders," by Dr. F. X. Dercum, Philadelphia. "Diagnosis of Gastric Lesions by Modern Methods," by Dr. S. Solis-Cohen, Philadelphia. "Typhoid Fever," by Dr. George G. Groff, Lewisburg. "Undue Reliance upon Temperature Records," by Dr. J. Chris Lange, Pittsburg. "Report of a Series of Cases of Laryngeal Diphtheria Treated by Antitoxin, with and without Intubation," by Dr. Edwin Rosenthal, Philadelphia. "Another Word on Adenoid Growths of the Pharynx," by Dr. Harrison Allen, Philadelphia. "Value of an Alcoholic Vapor Bath in the Treatment of Suppression of Urine and Uremia," by Dr. F. S. Nevling, Karthaus. "Forty Years' Experience with Veratrum Viride," by Dr. J. L. Ziegler, Mount Joy. "Clinical Study of the Relation of Accommodation to Convergence," by Dr. Howard F. Hansell, Philadelphia. "Nerve-muscle Atony in Girls," by Dr. Kate D. Miesse, Easton. "Aconitin in Neuralgia," by Dr. J. Newton Hunsberger, Skippack. "The Emotional Brain," by Dr. Benjamin Lee, Philadelphia. "Rational Treatment of Fracture of the Femur near the Hip-joint in Aged Persons," by Dr. E. V. Swing, Coatesville. "Contribution to the Study of Deaf-Mutism," by Dr. Arthur Ames Bliss, Philadelphia. "Report on Hydrophobia," by Dr. Charles W. Dulles, Philadelphia. "Address in Otology," by Dr. L. H. Taylor, Wilkesbarre. "Irregular Forms of Enteric Fever," by Dr. J. C. Wilson, Philadelphia. "Treatment of Tertiary Syphilis," by Dr. Orville Horwitz, Philadelphia. "Bacteriological Examinations in Medicine or Surgery," by Dr. Joseph McFarland, Philadelphia. "Diagnosis and Treatment of Acute Intestinal Obstruction," by Dr. James M. Barton, Philadelphia. "Relief of Some Cases of Functional Nerve-troubles by Curing Eye-strain," by Dr. J. Saylor Brown, Williamsport. "Faith and Therapeutics," by Dr. H. G. Chrismann, Welsh Run. "Vaccine Virus," by Dr. H. M. Alexander, Marietta. "Whither are We Drifting?" by Dr. H. A. Arnold, Ardmore. "Treatment of Typhoid Fever," by Dr. H. A. Mowrey, Marietta. "Phthisis Pulmonalis; Its Prevention and Cure," by Dr. A. Chamberlain, Brooklyn. "Remote and Immediate Causes of Epidemic Influenza," by Dr. W. J. K. Kline, Greensburg. "Auto-intoxication, with Special Reference to Certain Diseases," by Dr. A. Enfield, Bedford. "Hydrocephalus, with a Case Treated and Cured by Tapping," by

Dr. H. Garey, Berlin. "Antero-fixation of the Uterus," by Dr. George Eretz Shoemaker, Philadelphia.

American Neurological Association.—The preliminary program of the Twenty-first Annual Meeting, to be held in Boston, on June 5, 6, and 7, 1895, is as follows:

"Insanity and Phthisis, their Concurrence, Coexistence, and Transmutation," by Dr. H. A. Tomlinson, St. Peter. "The Etiology of Obstetrical Paralysis;" "Presentation of a Brain-tumor;" "Exhibition of a Specimen Showing Fracture of the Cervical Vertebrae," by Dr. George L. Walton, Boston. "A Lantern Exhibition of Photo-micrographs of Nervous Histology; Golgi Stains," by Dr. M. Allen Starr, New York. "A Contribution to the Pathology and Morbid Anatomy of Amyotrophic Lateral Sclerosis," by Dr. Joseph Collins, New York. "The Conservative Value of the Play Impulse," by Dr. Irving C. Rosse, Washington. "Must Acute Paranoia Be Admitted into Our Nomenclature?" by Dr. William Noyes, Foxboro. "Auto-mimesis," by Dr. Smith Baker, Utica. "A Case of Hereditary Chorea with Autopsy," by Dr. Charles L. Dana, New York. "Cases of Brain-tumor;" "A Case of Total Hysterical Anesthesia in the Male," by Dr. George J. Preston, Baltimore. "Telegraphers' Paralysis," by Dr. James Hendrie Lloyd, Philadelphia. "The Diagnosis of Hemorrhagic Cerebral Pachymeningitis," by Dr. William N. Bullard, Boston. "The Association of Tabes and Paralytic Dementia," by Dr. Theodore D. Diller, Pittsburg. "The Localization of Small Gross Lesions in the Pons and Preoblongata," by Dr. Charles K. Mills, Philadelphia. "Report of a Case of Peroneal Muscular Atrophy with Autopsy," by Dr. William C. Kraus, Buffalo. "The Home Treatment of Insanity," by Dr. H. M. Bannister, Chicago. "The Criminal Insane Abroad," by Dr. C. Eugene Riggs, St. Paul. "Report of a Case of Tumor of the Cerebellum, with Autopsy; Operation by Dr. John F. Erdmann," by Dr. E. D. Fisher, New York. "Hyperostosis Crani (Megalcephalia), with illustration," by Dr. James J. Putnam, Boston. "The Pulse in Insanity—Original Study of Cases," by Dr. Theodore H. Kellogg, Willard. "Report of a Case of Multiple Neuritis in an Infant," by Dr. Graeme M. Hammond, New York. "Two Cases of 'Railway Spine,' with Autopsy," by Dr. F. X. Dercum, Philadelphia. "Fissural Studies. (a) Two Philosophers. (b) An Apparent Duplication of the Central Fissures," by Dr. Burt G. Wilder, Ithaca. "Pseudo-neurasthenia," by Dr. Morton Prince. "Hysterical Amblyopia and Amaurosis—Five Cases Treated by Hypnotism," by Dr. J. Arthur Broth, New York. "Exhibition of the Brain of a Chimpanzee," by Dr. Thomas D. Dwight, Boston. "The Part of Inhibition in the Physiology of Respiration," by Dr. William T. Porter, Boston.

The American Pediatric Society will hold its seventh annual meeting at the Virginia Hot Springs, May 27, 28, and 29, 1895. The preliminary program includes the following: Address by the President, F. Forchheimer. Cerebro-spinal Meningitis in an Infant Six Days Old, by T. M. Rotch. Purulent Otitis Media, which Ended Fatally (three cases), by Wm. F. Lockwood. Pyo-pneumothorax (case), by Walter L. Carr. Traumatic Aphasia; Scarlatina Angiosa; Croupous Pneumonia (case), by Samuel

S. Adams. Hyperpyrexia (cases), by Henry D. Chapin. Sarcoma of Kidney in an Infant (case and specimen), by J. Henry Fruitnight. Lympho-sarcoma of Spleen (case and specimen), by George N. Acker. Tetanus Neonatorum, by J. Lewis Smith. Infantile Tetany, by M. P. Hatfield. Tetany (two cases), by Floyd M. Crandall. Amyloid Disease in Children, by B. K. Rachford. Typhoid Fever in Infants Under Two Years—Is it Frequent? by Wm. Perry Northup. The Different Forms of Eruption which Simulate Scarlatina, and their Differential Diagnosis: *a.* Some Forms of Eruption Simulating Scarlatina, by A. D. Blackader. *b.* Scarlatiniform Exanthem, by Charles G. Jennings. *c.* Scarlatina, with Intensified Eruption and Poorly Marked Constitutional Symptoms (several cases), by Louis Starr. *d.* Extensive Gangrene Following Scarlatina, by James C. Wilson. *e.* Difficulty in Differential Diagnosis, by J. P. Crozer Griffith. *f.* Local Treatment of the Skin in the Eruptive Fevers of Children, by A. Seibert. *g.* General Discussion. Cases of Adherent Pericardium in Children, with Enormous Heart-hypertrophy, Chronic Proliferative Peritonitis, and Recurring Ascites, by William Osler. Rupture of the Bladder (case and specimen), by John Dorning. Cardiac Anomalies: *a.* Cor Bilobulare. *b.* Pulmonary Veins Opening into Right Auricle. *c.* Imperfect Ventricular Septum in a Man aged Forty-five Years, by William Osler. *d.* Aorta Arising from the Right Ventricle, by George N. Acker. *e.* Patent Ventricular Septum, by A. Jacobi. The Characteristic Features of the Recent Epidemic of Grippe—1894-'95: *a.* Pulmonary Manifestations. *b.* Aural. *c.* Glandular. Discussion by L. Emmett Holt, Wm. Perry Northup, Henry D. Chapin, and A. D. Blackader. Antitoxin in Diphtheria: *a.* Results in Laryngeal Cases. *b.* The Cause of Death in Fatal Cases. *c.* Efficiency for the Purpose of Giving Immunity. *d.* Immunizing Effect of Antitoxin in Diphtheria, by F. Gordon Morrill. *e.* Personal Experience with Diphtheria-antitoxin and Blood-serum Injections, by Augustus Caillé. *f.* The Value of the Antitoxin of Diphtheria and its Toxic After-effects, by A. Seibert. Cases Apparently Diphtheria, but in which the Diphtheria-bacillus is not found, by E. M. Buckingham. Cases of Scurvy, by A. Jacobi.

The American Microscopical Society, under the presidency of Professor S. H. Gage, will hold its next meeting at Cornell University, in Ithaca, N. Y., August 21, 22, and 23, 1895, that is, a week before the meeting of the American Association for the Advancement of Science, which is to be held in Springfield, Mass. Ithaca is equally attractive to the student of natural history and to those who love beautiful scenery, and is an ideal place for holding the meeting. The facilities of the University and its equipment in all lines for carrying on microscopic work add to the attractiveness of Ithaca as a place of meeting. The University buildings, which will be at the disposal of the Society, are especially adapted for the formal presentation of papers, blackboard illustrations, hanging of diagrams, etc., as well as for any demonstration that authors may desire to make.

The Academy of Natural Sciences of Philadelphia.—A Section of Anthropology was organized on April 30, 1895,

under the chairmanship of Harrison Allen, M. D. The purpose of this Section is the presentation of original papers, the statement of interesting facts, the exhibition of illustrative objects, and the discussion by the members of subjects proposed on all matters included under the term anthropology. The meetings of the Section will be held at the Academy on the evenings of the second Friday in each month, from September to May, inclusive, at 8 o'clock. The first meeting of the Section was held on the evening of May 10th.

Dr. Julius Kaemmerer, one of the oldest physicians of Atlantic City, died May 13th, aged sixty-five years. Dr. Kaemmerer was born in Rhenish Bavaria, and after graduating from a preparatory school at Neustadt went to the University of Heidelberg. While a student there the German war broke out, and young Kaemmerer, with many other students, espoused the cause of the revolutionists. When the revolution failed he fled to Paris in 1850, where he continued the study of medicine. He came to the United States in 1862, and for eighteen years practised successfully in Philadelphia. In 1880 his health began to fail, and he went to Atlantic City, where he has since resided.

Ex-Surgeon-General Charles Sutherland, U. S. A., died on May 10th, at Washington, at the age of sixty-six. He was a graduate of the University of Pennsylvania, and in 1852 became an Assistant Surgeon in the United States Army; five years later he was made a Captain; and after a further five years a Major. In 1866 he became an Assistant Medical Purveyor, with the rank of Lieutenant-Colonel, and in 1876 a Colonel. In 1886 Dr. Sutherland became Medical Director of the Division of the Atlantic, and in 1890 he was appointed Surgeon-General, with the rank of Brigadier-General. He was retired in May, 1893.

The Canadian Medical Association will hold its annual meeting in Convocation Hall, Queen's University, Kingston, on August 28th, 29th, and 30th.

Dr. James Stewart, of Montreal, will deliver the address in Medicine, and Mr. J. H. Cameron, of Toronto, the address in Surgery. It is intended to have a skin clinic, at which several interesting cases will be presented and discussed by prominent dermatologists. There will probably be other clinics as well.

The State Board of Medical Examiners, representing the Medical Society of the State of Pennsylvania, will meet in Philadelphia, corner of Broad and Pine Streets, and in Pittsburg, Council chambers, June 18, 1895, at 2 P.M., to examine applicants for licence to practise medicine in Pennsylvania.

Blank applications and all necessary information can be obtained from the Secretary of Internal Affairs, Harrisburg, Pa.

House-Physician Erie County Hospital of Buffalo, N. Y.—A competitive examination of candidates for the position of House Physician in the Erie County Hospital will be held at the Hospital, Buffalo, N. Y., May 28, 1895, at 3.30 o'clock, P.M. There are three vacancies to be filled June 1st. Applications should be addressed to Dr. E. J. Gilray, Medical Superintendent of the Hospital.